### CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RES	DENCE (HOME) OF DECEA	SED
COUNTY Wicemice	MARYLA			Wicomico
CITY (If outside corporate limits, write RUR OR and give nearest lown) 12 TOWN Sal1s	(in this pla	OR TOWN	corporate limits, write RURAL and give	12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen.	Mospital	STREET	(If rural give focal	
3. NAME OF (first) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) GRACE	LORENE	ANCERS	DEATH July	9 th 19 5
5. SEX 6. COLOR OR 7. RACE White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify) <b>W1 dowed</b>	8. DATE OF SIRTH Sept. 12, 1900	9. AGE last birthday IF U	27
IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Touse Work	10b. KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State of Uhrichsvill		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	AU ONE ROLL	14. MOTHER'S MA	IDEN NAME	
Peter Albert Schup	y	Elizabe	th Stockes	
a section of the sect		ICAL CERTIFICATION	elle Joy(Sister)	INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS IF ANY. (8)	NG TO DEATH	GAI	nhoras Hent Dijen	INTERVAL BETWE
ANTECEDENT CAUSE (S)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (ULL TE OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	ng to Death  To Arteria	GAI	Moris Heat Direct	INTERVAL BETWEE ONSET AND DEA
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  12 OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TO Antein	GAI	nhoris Hear Direce	interval between onset and deal 3 languages
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  TO THER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ng to Death  To Arteria	ICAL CERTIFICATION  OF THE PROPERTY OF THE PRO	nhoiss Heart Direce	INTERVAL BETWEE ONSET AND DEA  3 Jan  20. AUTOPSY: YES NO!
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE  ANTECEDENT CAUSE(S)  DUE  DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  12 OTHER SIGNIFICANT CONDITIONS CONTRIBE  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION.  19b. MA  21a. ACCIDENT WAS UNDERLYING   21b OR CONTRIBUTING   CAUSE OF DEATH OF	TO A Jens To DEATH  TO A Jens To Discourse T	ICAL CERTIFICATION  OF THE CONTROL O	Alara Director (City or town)	INTERVAL BETWEE ONSET AND DEA  3 Jan  20. AUTOPSY:
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION.  21a. ACCIDENT WAS UNDERLYING 2 21b OR CONTRIBUTING CAUSE OF DEATH OF	TO ALLE HOME, Farm, factory, INJURY Street, office bidg., stc.)  (Hour)   21s. INJURY OCCUR	21c. WHERE DID INJURY O	Alara Director (City or town)	INTERVAL BETWONSET AND DE

Mer death.

executed within 補

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

DESCRIPTION STATE CONSERMENT OF TRAITS-DALTING BY ATTENDED IN

# CERTIFICATE OF DEATH.

( saled . coles . 1 25 hades)

sille of

0514-348		algrest.		VermoniV	OCT .
	3710603	ren .	100.4	27-2	
	NA PROT SOIL	805	Lag bur all	and and	
de ife 4	TOTAL THE	MONTH	EUROS	4000	
49	d - 143	. 12, 1500	(#2 bende 20	9100	n [] +, g
120	etil	elitrelatual	most gvo en	Jan's war	Pe
	260.00ff.	derGostill		godine acres	reter
, cistad I	o legisteler) all	Intell multi			
16.1	- 10 <sup>1</sup>				
7 'A	DUREAU				
	UAARUU 13 19				

THE PROPERTY OF THE PARTY OF TH

SALISH'IT MURTINES

7 169

Dr. Burton

### CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WIGGEICS MARYLAND	STATE Maryland COUNTY Wiconice
CITY (If outside corporate limits, write RURAL OR end give nearest lown)  Salisbury  LENGTH OF STAY (In this place)	CITY (If outside corporate fimits, write RURAL and give neerest town) OR TOWN Salisbury / 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gon. Hospital	ADDRESS John B. Parsons Home for the Age
3. NAME OF (First) (Middle) DECEASED (Type or Print) ROS	(Lasi) DATE (Month) (Dey) (Yeer) OF DEATH Jaly 11 th 155
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Widowed Nov. 1	PF BIRTH  9. AGE last birthday  1 FUNDER 1 YEAR IF UNDER 24 HRS.  Nonths Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)  Tone  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Salisbury, Maryland  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sampson Downing	Marianna Tilghman
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, or unk.]  [If Yes, give wer or deles of service)  None	17. INFORMANT & ADDRESS Records—John B. Parsons Home for the Ag Salisbury, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
111/3 X IMMEDIATE CAUSE (A) Doublas	Jameson, Smr.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	attris scherois. Year
STATING UNDERLYING CAUSE LAST. DUE TO	arteris schools years
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	is enler down.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ■
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while of work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1954, to 7/11/, 1955, that I last saw the deceased
aliye on, 19, and that death occurred al	Maryland Ave. Solisbury, Maryland July 19
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  TUTIAL  DATE THEREOF NAME OF CEMETERY OR  PARSONS COM	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE Cally 14.1953 Mary Hollamen &	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY HARYLAND

TO CHECKTOLIN - HELATH SO THEATHAGO STATE GRADERAN

### CERTIFICATE OF DEATH

	Amaly		041-17574		Tem to	
	was do 25m			rtofor.	Call Till	
the off the see	oita 3. Percent		Latingar	E- e.i(6))	200.	
23 SE SE SE		MICHAELA	JA.		ABOR	
	ad	, 2 sefe	Well Carried Town		estica	# Love S
4.5	has figure , wa		0.0			10
		augustrail			Salmed	Dougania
ne Hous fee the A	ersel I signed	289076	sant			0



Salishney, Marriage

gratoned engared | Gd01,61 with

07173

### 7170 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL NESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Wicomico	MARYLAND	STATE Marylan	d COUNTY	Carroll	
CITY (If outside corporata limits, write RURAL OR end give neerest town)	LENGTH OF STAY	CITY (If outside corpo	rete fimits, write RURAL e	nd give neerest low	n)
12 TOWN Salisbury	4 years	TOWN West	tminster	06-	37-2
HOSPITAL OR		STREET ADDRESS	(If rura) giv	re location)	1
9/ INSTITUTION OR Deer's Head State	Hospital	ADDKE22			V
	(Middle)	(Last)	4. DATE (Mor	ith) (Day)	(Year)
(Type or Print) Ellis M	onroe A	rnold	DEATH JI	uly 28	. 55
5. SEX   6. COLOR OR   7. SINGLE, MARRI	ED.   8. DATE C	OF BIRTH	9. AGE last birthdey	IF UNDER 1 YEAR	19
MATE WIDOWED, DIV	ORCED,	st 29, 1871	83 уп.	Months Deys	
	ID OF BUSINESS	11. BIRTHPLACE (State or forei	gn country)		ZEN OF WHAT
	known	Maryland		US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Basil Arnold		Sallie Kni	ight		
The state of the s	SOCIAL SECURITY NO.	17, INFORMANT & A	DDRESS		
(11 Yes, give wer or deles of service)		Hospit	cal records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	RTIFICATION			TERVAL BETWEEN
21/2/2/	alman dhaaanha	_1_	*		
minerally of the first	ebral thrombo	518			4 days
ANTECEDENT CAUSE(S) DUE TO Art	eriosclerosis	, generalized			?
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO					
	eriosclerotic	cardiovascular	disease		?
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH	OF OPERATION				2D. AUTOPSY?
THE STATE OF GRANIES.					ES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Homor Contributing 2005 of DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, ferm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Steta)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. Whi		211. HOW DID INJURY OCCU	R?		
M, 1 et w		7 67	2 00 10 71		
22. I hereby certify that I attended the dece					
	that death occurred a	1.10.P.a.M, from the c	auses and on the cases (Sires), div, tow		
SIGNATURE \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	L.V.Male				DATE SIGNE
23. BURIAL CREMATION. DATE THEREOF	M. D.	Salismii	s Head Host Waryland Liocation (city, low	at animated	1/29/55
23. BURIAL, CREMATION, DATE THEREOF SEMOVAL (SPECIEV) Cluy 1/53	Harfiela	Iburg Cem	Carroll	-lo	(State)
24. REC'D BY REGISTRAR REGISTERR'S SIGNATURE	1 -11	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRE	55
DATE Aug. 2, 1955 Mary H	Holloway	H /Danke	ud fon !	Yestimos	ter ma
1 The Handy	14		91		

DE SHOWER AS HELDER TO THE READ STATE OF LAYER IN

NYARO RO STADRITURED

The second secon

the section of

Outroliting .

Control of the contro

and a substitute of head output

BUREAU V. S.

AUG 2 1955

BECEINED

10

The law requires that the death certificate be

NSTRUCTIONS

÷ .5

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

### CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY Wicomico	Manyrann	STATE Marylas	ad county W1	comice
CITY (If outside corporete limits, write RURAL	MARYLAND	The state of the s	ete limits, write RURAL end give nee	
OR and give nearest town)	(in this piece)	OR		
Y			asburg	X
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location)	1
STREET ADDRESS R. D. # 2		R.D.	1 2	
	Aid dle)	(Lasi)	4. DATE (Month)	(Day) (Year)
(Type or Print) MARY	CHIE	ARVEY	DEATH July	9 th ,56
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO		OF BIRTH 9	. AGE last birthday   IF UNDER	
Female White (Specify)		20 1000	75 yrs. Months	Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10b, KIND	Oved   Marc	11. BIRTHPLACE (State or foreign		2. CITIZEN OF WHAT
done during most of working life, even if OR I	NDUSTRY			COUNTRY?
Mouse Mork At	own Lone	Wicomico Co. 1		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
John Mitchell		Laura MeDe	evell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & A	DORESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Mrs. Bulah	port Grand Daugh	ter) R.D. # 2
			burg, Karyland	1 INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	7	ONSET AND DEATH
11200 0	commo	andin 4	and in	4.
HA CO IMMEDIATE CAUSE (A)	0 - 1 0 0 0 000	of the spe	COUTEN HAM	The syla
ANTECEDENT CAUSE(S) DUE TO		andra m	-0	12/
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	oung.	1121.07		-
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1			
TO THE DEATH BUT NOT RELATED TO THE	Hen orall	rom gen	errese 3001.	5
DISEASE OR CONDITION CAUSING DEATH,				3
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
216. ACCIDENT WAS UNDERLYING   216. PLACE (Home,	t t T	21c. WHERE DID INJURY OCCUR	2 (0)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of		ZIC. WHERE DID INJURY OCCUR	? (City or town) (Cour	JiA; (Diese)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	NININY OCCUPAND	ON HONE DID PHILIPS OCCUP		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, I White	NJURY OCCURRED Not while	21f. HOW DID INJURY OCCUR	f	
M. et wor				
22. I hereby certify that I attended the decease alive on 19 , and 1	ed from 1951	19 to ful	7 9 1955 that I	last saw the deceased
alive on And 5 K 19 ST and 1	that death occurred a	7:35P. M from the	uses and on the date state	ad above
BIGNATURE AT	D .		ESS (Street, city, lown, stale)	DATE SIGNED
- XI Literst	1 /27 - 7	elmar, Marylan		uly // 1955
23. BURIAL, CREMATION, DATE THEREOF	M.D.		LOCATION (City, fown, or county	
REMOVAL (SPECIFY)				/ 12.0101
Burial July 12,1955	Sethel Cem	stery - Walston		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S S	- 11.	ADDRESS
200 (hele 13 1925 16 ) 8 h A	Lo Ve	HOLLOWAY & COL	MPANY SALISBURY	MARYLAND

# CERTIFICATE OF DEATH

or 100 - 15-

651=003	nesyna	M ave		as time 1	
	purtage end	WAS IN	and and	Roome	
	2 4 37.8			D.T. F R	
ally 9 th Ed	J	1 1 4	ALMORA	TOA	
12 1	67 0	Det 100 dese	M Sewella	51.	let offer
120	Australia . 60	vicoulco	AL over Topin	angk e	Novi Novi
	[forest a	CENTRAL CONTRACTOR		-1 Deep	FER MANTA

SSET ST TOP

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 332
ATEMA DE LA CAMBRA					A Wassesser

MEDICAL EXAM	INER'S CER	TIFICATE O	OF DEATH	1 No. 322
1. PLACE OF DEATH:		2. USUAL RESIDENCE (	HOME) OF DECEASED:	
COUNTY W/COMICO	MARYLAND	STATE MO	COUNTY W/C	00100
CITY (If outside corporate limits, write R OR and ove nearest town)	URAL LENGTH OF STAY (in this place)	OR	DESIA SPRI	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEAR 177	ARDELA	STREET	(If rural, give location R MARDE	on) /
3. NAME OF DECEASED: (Type or Print)	Plita Bo			Day) (Year) /6 19.55
	OWED, DIVORCED, 8. DATE	OF BIRTH: 9. AG	E last birthday: IF UNDE	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even it retired);	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (S	tate or foreign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	Snn - 1	14. MOTHER'S MAIDEN	week y	10
15. WAS DECEASED EVER IN U.S. Armed Forces (Yes, no, or unk.) (If Yes, give war or dates of	17 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDR	ESS:	7
My service)	617-6-17-6991	MAS EDGA	IN BACON	
i. diseases or conditions directly	LEADING TO DEATH:	L CERTIFICATION	min	INTERVAL BETWEEN
Immediate cause (a) DUE TO	the property of the property o	7	***************************************	
Antecedent cause(s)  Diseases or conditions, If any, (b)	a ;			*******
giving rise to the above cause DUE TO				
stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CO	MADIDITANO			
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING DI	ED TO THE	NAMES - NAMES AND ADDRESS OF THE PROPERTY OF T		223334
19a. DATE OF OPERATION: 19b. MAJOR	FINDING OF OPERATION:			20. AUTOPSY? Yes □ No ☑
21s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e, INJURY OCCURRED   While at Not while work   at work	21f. HOW DID INJUI	RY OCCUR!	
22. I hereby certify that I took char find that death resulted from: SIGNATURE		ent [], Suicide [], CHIEF ME DEPUTY N		
23 BURIAL, CREMATION, DATE THER REMOVAL (Specify): 7-19-3	5 marrot	140 1	OCATION (City, town, o	PRINGS MD
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. CONERAL DIRECT	In IN She	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

DECENTED.

BUREAU V. S.

CITIZEN OF WHAT

INTERVAL BETWEEN

COUNTRYT

cest town)

8. DATE OF

Nov. O.

MARYLAND

Middle)

OR INDUSTRY:

IS, SOCIAL SECURITY NO.

MEDICAL CERTIFICATION

SINGLE, MARRIED

(Specify) widowed

WIDOWED, DIVORCED,

LENGTH OF STAY

(in this place)

***	. The				RYLA 171	ND STATE
X	ion carefully		UNTY (If outs	// Con	orate limit	ls, write RURAL
M	item of information	HO IN: ST S, NA DE (T) 5, SE		OR RESS	ninsu First) Aly OF 7.	Mid SINGLE, MARR WIDOWED, DIV

female

13. FATHER'S NAME:

the

Se

ä

sicians

Phy

important,

age

correct

every causes

Supply

M 3

ADING

UNF.

WITH

AINLY

PL

CER	TIE	TUA	C	Æ	IJ	EA.	IH	
			2.	USU	AL	RESID	ENCE	Œ

	2.	USUAL RESIDENCE	(HOME) OF	DECEASED	);	
		mark	1.	. pt. 1	apper 3	
_		STATE // ARCHAS	2 COUNT	Υ		
		CITYIIf outside corpor	ate limits, writ	e RURAL a	nd give	near
		OR TOWN			b	
		Dellimo	RB			X

STREET (If rural give location) **ADDRESS** (Last)

BIRTH:

1886

Louise

DATE (Month) (Day) (Year) OF DEATH 1955 9. AGE last birthday I TONOER LYEAR IF UNDER 24 HRS. Months Days Hours

Reg. Dist. No.

11. BIRTHPLACE (State or foreign country): | [2. Baltimore, Maryland 14. MOTHER'S MAIDEN NAME

17. INFORMANT & ADDRESS: Mr. Albert W. Bond. 3105 Moreland Ave.

DISEASES OR CONDITIONS DIRECTLY	Y LEADING	G TO DEATH	ONSET	AND	DE
7.3 / X	(A)	Cerebro - Vocadas ascident			
ANTECEDENT CAUSE (\$)	DUE TO				
SEASES OR CONDITIONS, IF ANY, VING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST.	(B) DUE TO				
	(C)				

(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

198. MAJOR FINDINGS OF

OPERATION		

e.		c. WH JURY			(City	OF	town
Т	21F.	HOW	DID	INJU	JRY (	occ	UR?

	_	The same of
(County)		(State)

20. AUTOPSY? YES NO

(State)

21A. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

19A. DATE OF OPERATION:

BURIAL,

REMOVAL (SPECIFY)

Burial

work done during most of working life.

IS WAS DECEASED EVER IN U.S. ARMED FORCEST

(Yes, no, or unk.) (If Yes, give war or dates

ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

of service)

even if retired): at home

George Wilmer

white

10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS

21E INJURY OCCURRED Not while at work at work

218. PLACE (Home, farm, factor;

OF INJURY street, office bldg., et

Sathat I last saw the deceased

alive on

and that death occurred at 6 M, from the causes and on the date stated above. DATE SIGNED

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) THEREOF CREMATION,

Moreland Memoairl Park Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

22. I hereby certify that I attended the deceased from 7

24. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14

FOR BINDING MARGIN RESERVED

WRITE OR

TYPE SE A15 LEAS



07178

### 717? CERTIFICATE OF DEATH

Reg. Dist. No. .

1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECEASE	D		
COUNTY Wicomico MARYLAND	STATE Monyle	and county Talbo	nt.		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corpo	rete limits, write RURAL end give nee			
OR end give neerest town) (in this plece)  12 TOWN Salisbury 10 months	TOWN Claibo		20x-2		
HOSPITAL OR	STREET	(If rural give location)	NU K - IO		
INSTITUTION OR Deer's Head State Hospital	ADDRESS		<u> </u>		
3. NAME OF (first) (Middle) DECEASED	(Lest)	4. DATE (Month)	(Dey) (Year)		
(Type or Print) Corneilous	Brooks	DEATH July	29 1955		
S SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O	F BIRTH	P. AGE lest birthdey   IF UNDER			
Male Colored (Specify) Widowed Dec.	1876	78 yrs. Months	Deys Hours Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working hte, even if OR INDUSTRY	11. BIRTHPLACE (State or forei	on country) 12	. CITIZEN OF WHAT		
retired Unknown Unknown	Maryland		COUNTRY? USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN I	NAME	0.021		
Joseph Brooks	Sally Ca	usey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS			
(Yes, no, or unk.) (If Yes, give wer or deter of service)	Hospital	. Records			
18. MEDICAL CER		. Itogoras	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH		
332 X IMMEDIATE CAUSE (A) Cerebral thrombosi	.g		3 days		
DISEASES OR CONDITIONS. IF ANY. (B) Arteriosclerosis,	general		2		
GIVING RISE TO THE ABOVE CAUSE	general		- · · · · · · · · · · · · · · · · · · ·		
STATING UNDERLYING CAUSE LAST, DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE CITS SYPHILIS DISEASE OR CONDITION CAUSING DEATH.			7		
196 DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION			2D. AUTOPSY?		
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory,	1c. WHERE DID INJURY OCCUR	2 (Ch h)	YES NO be		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	ic. White DID INSORT OCCUR	? (City or town) (Coun	nty) (State)		
21d TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUP	?			
M. at work et work					
22. I hereby certify that attended the deceased from Oct. 7.	, 1954 ., to Jul	J29, 1955 ., that I	last saw the deceased		
alive on July 29 19.55, and that death occurred at 3:15P.M, from the causes and on the date stated above.					
SIGNATURE L.V. Haldve	M.D. Doorle	tess (Street, city, town, state) Bead State Hosp	DATE SIGNED		
M.O.	Salish	Mary Land LOCATION (City, town, or county	7/29/55		
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY	LOCATION (City, fown, or county	(Stete)		
Burial 8/1/55 Claubon	re Campler	Caelo	rue Mol.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		
DATE lug 3,1935 Mary W. Halloway	Klomon d	Marshall			



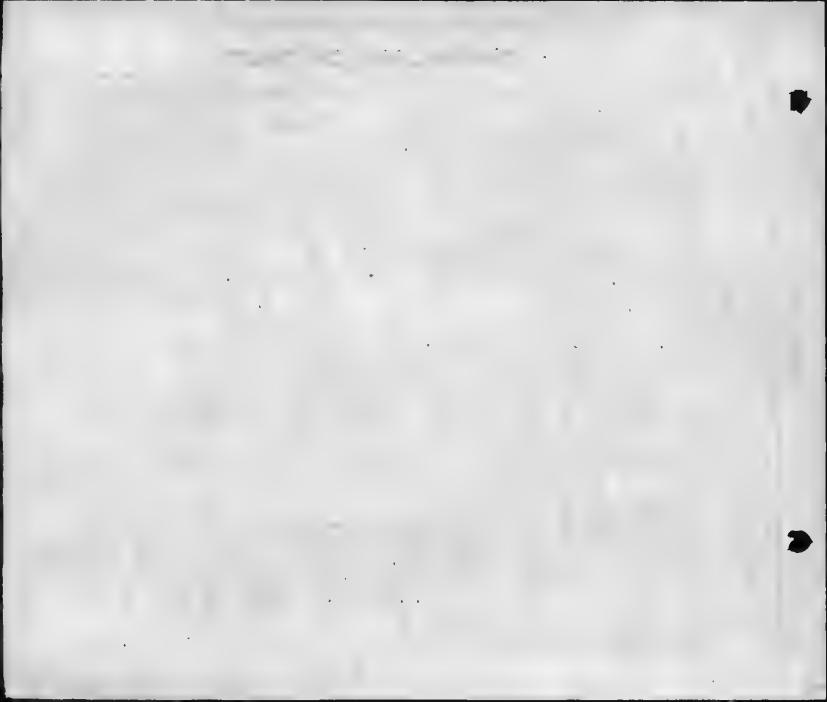
VS A15C 1-55 10M

9

### CERTIFICATE OF DEATH

3 33 Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	, , , , , , , , , , , , , , , , , , ,
COUNTY Wicomico	MARYLAND	STATE Maryla	and county	Baltin	more
CITY (If outs de corporate limits, write RURAL OR end give necest fown)	LENGTH OF STAY	CITY (If outside corpo	orate limits, write RURAL e	ind give neerest to	own)
12 TOWN Salisbury	3 yrs.		sville	0	3 X - 2
HOSPITAL OR INSTITUTION OR TO A TI TO THE TI		STREET ADDRESS	(if rure) gi	ve location)	
9/ STREET ADDRESS Deer's Head State H	ospital	7,500,000			V
DECEASED	Aiddle)	(Lesi)	4. DATE (Mo		
(Type or Print) Edith Parr	rish E	Bullock	DEATH JI	ly l	19 55
5. SEX 6. COLOR OR 7, SINGLE, MARRIE 		F BIRTH	9. AGE lest birthdey	IF UNDER 1 YE	
Female White (Specify) Wid	lowed Dec.	14, 1878	76 yrs.	Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or fore:	gn country)		ITIZEN OF WHAT
relired) Unk. Unk		Baltimore,	Md.		SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
James H. Parrish		Emily M.	Sanderson		
	SOCIAL SECURITY NO.	17. INFORMANT & /	ADDRESS		
(Yes, no, or unk.) (If Yes, give war or datas of service)	Unk.	Hospita	al records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Marca X	ardial insuff	iciency			36 hrs
The state of the s			<del></del>		
ANTECEDENT CAUSE(S) DUE TO HYDE	ertensive arte	eriosclerotic	cardiovascu	lar	?
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			dis	ease	
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISCASE OR CONDITION CAUSING DEATH.  194. DATE OF OPERATION 195. MAJOR FINDINGS OF	ORED A TION				20. AUTOPSY?
178. MAJOR PINDINGS C	P OPERATION				YES NO
21e. ACCIDENT WAS UNDERLYING   21b PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCCUI	R? (City or lown)	(County)	(Stete)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While M. si wor	Not while	216. HOW DID INJURY OCCU	R?		
22. I hereby certify that I strended the decease	sed from Aug. 5	19.52 to Ju	ly 18 19 55	that 1 last	saw the deceased
	artar ra	2 . 30Pu (	4		
SIGNATURE	T W Mand	M D . Dear	RESS (Street, city, tow	n, state)	PRINTEDICE.
.LV. Milder,	M.D.	ve, M.D.: Deer Salisbu	ry, Marylan	ă mospit	7/18/55
23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	n, or county)	(State)
burial July-21-1955	GreenMount	Y 25. FUNERAL DIRECTOR'S	SIGNATURE SIGNATURE	re, Md.	RESS
0-10-55 7	ži posiči	Stewart & Mowe			
DATE / / / / - / J		because of the tracket	The Control	A BIATITY .	



certificate has been executed by the attending physicial and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

7174

### CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED			ED		
COUNTY Wicomico	MARYL	AND	STATE Maryl	and county Anne	Arundel
CITY (If outside corporate limits, write RURAL	LENGTH OF	FSTAY	CITY (If outside corp	poreta limits, write RURAL and give no	
OR end give neerest town) Salisbury	(in this pi	ears	OR	nthicum	A 400 00
HOSPITAL OR	1 22 30	or p	404		C *X
Institution or Street Address Deer's Head S	tate Hospita	al	ADDRESS 608	Broadview Blvd.	<b>V</b>
3. NAME OF (First) DECEASED	(Middle)		(Lost)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Sarah			rke	DEATH July	21 , 55
RACE WIDE	cle, Married, Dwed, Divorced, Eify) Single	8 DATE O	10, 1865	9. AGE lest birthdey IF UNDI	Deys Hours M.n.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if relired) Unknown	OR INDUSTRY UNKNOWN	5	Providence,		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·		14. MOTHER'S MAIDEN	NAME	
John Burke			Unknow	n	
15. WAS DECEASED EVER IN U. S. ARMED FORCES		URITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or deles of servi	Unk.		Hospi	tal records	
	18. MEI	DICAL CER	TIFICATION		INTERVAL BETWEEN
/I DISEASES OR CONDITIONS DIRECTLY LEADING T					ONSET AND DEATH
HATT IMMEDIATE CAUSE (A)	Bronchopne	eumonia			l week
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)					
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arterioscle	erotic	heart disease		?
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION	1			20. AUTOPSY?
					YES NO X
218. ACCIDENT WAS UNDERLYING 216 PL. OR CONTRIBUTING CAUSE OF DEATH OF INJUITY OF INJUIT	ACE (Home, ferm, fector) RY street, office bldg., etc.	3	ic. WHERE DID INJURY OCC	JR? (City or town) (Co	unity) (Stela)
21d. TIME OF INJURY (Month) (Day) (Year) (He	While Not	RRED while work	211. HOW DID INJURY OCC	UR7	
22. I hereby certify that I attended t	he deceased from	Nov. 8	1951 . 10 Ju	1y 21 , 1955 , that	I last saw the deceased
alive on Folly . 21., 19 55	, and that death	occurred at	8:40PaM, from the	causes and on the date state	ed above.
SIGNATURE PARTIE	m	M.D. De	er's Head Sta	PRESS (Street, city, town, stete) te Hospital yland	7/22/55
23. SURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, town, or coun	iy) (State)
Burial 7-25-19		ens-Jet	ards Jametery	James, ryla	ı.d
24. REC'D BY REGISTRAR REGISTRAR'S S	IGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 7-25-55 Mary	ID, Holl	oway	LeCompte Fun	eral rvice	



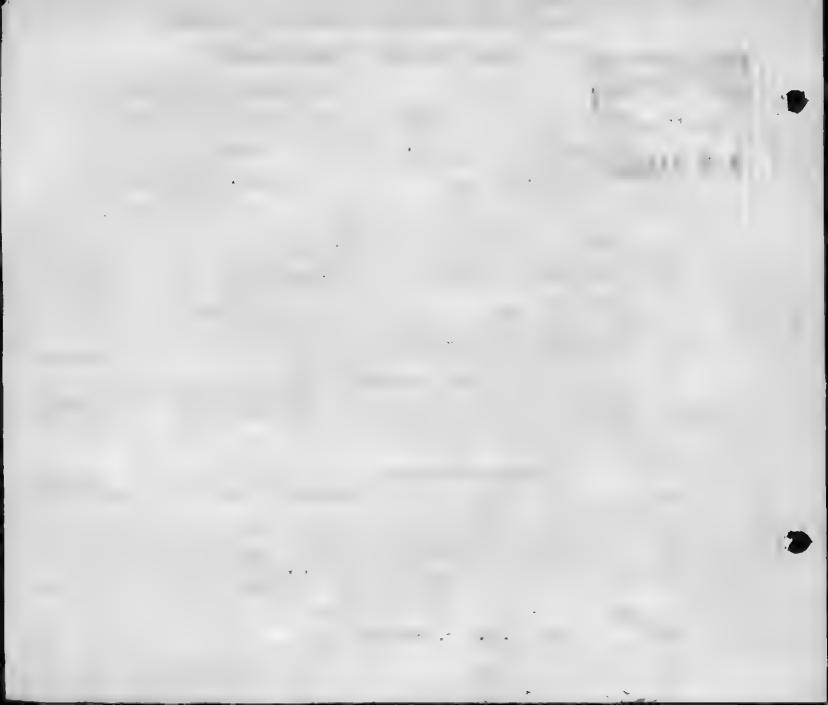
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

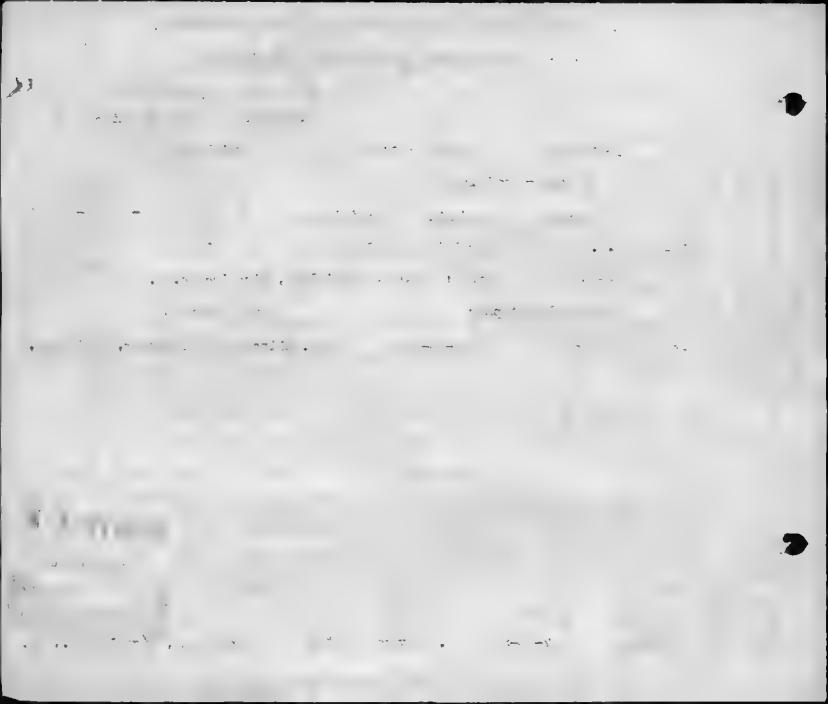
7175

#### CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED
COUNTY Wicomico	MARYLAND	STATE Maryla	nd county Balt	imore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outside corp	orata limits, write RURAL and give	neerest town)
12 TOWN Salisbury	(in this place)	TOWN Balt	imore 30	34
HOSPITAL OR Pine Bluff State I		STREET	(If rurel give local)	ion)
_ and a monotive or		ADDRESS		
. Dailsbury har via			S. Charles Str	
3. NAME OF (First) (/ DECEASED	vlidd[a]	(Lasi)	4, DATE (Month)	(Dey) (Year)
(Type or Print) John Jos	seph	Cauley	DEATH July	7 1955
5. SEX 6 COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVE	D, 8. DATE O	OF BIRTH		IDER 1 YEAR IF UNDER 24 HRS.
Male White (Specify) Divo	orced July	29, 1897	57 vn. Mont	hs Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10b, KIND	OF BUSINESS	11. BIRTHPLACE (State or for	sign country)	12, CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY	Davis and supe		COUNTRY?
retired) Clerical Work-Boiler Ope	erator	Pennsyl var		058
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
John Edward Cauley		Anna	McAndrew	
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yes no, or unk.) World War II 1:	71-03-6327	Self	on admission	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7 2	1	2	ONSET AND DEATH
CT 2 K IMMEDIATE CAUSE (A)	BL Mu	monoc	<u>C</u>	3 me
ANTECEDENT CAUSE(S) DUE TO	0	- /	) 0	2 16 1,00
DISEASES OR CONDITIONS, IF ANY, (B)	word	my sele	eccuons	212900
STATING UNDERLYING CAUSE LAST. DUE TO		17		
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.		·····		
196. DATE OF OPERATION / 196, MAJOR FINDINGS C	OF OPERATION			20. AUTOPSY?
210. ACCIDENT WAS UNDERLYING   21b. PLACE (Home,	form factors	21c. WHERE DID INJURY OCCU	ID 2 (City or town)	County) (Stela)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	fice bidg., etc.)	ZIC. WILKE DID HOOK! OCC	by t forth or rowin	County) (Steam)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)   21a.	INJURY OCCURRED	211. HOW DID INJURY OCCI	JR?	
M, at wo				
		10 55 to Ju	1 7 10 55 15	at I had an about the
22. I hereby certify that I attended the decear alive on July 7	sec from	Oalo A.M.	hittaZl	at I last saw the deceased
alive on 19.22 and	that death occurred a	L.Z.AHYM, from the	causes and on the date s	lated above.
BIGNATURE	1/0.	1.00	RESS (Streat city, town, stele)	DATE SIGNED
13/1/au	M.D.	Mustery	Tra	1/1/50
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		TOCATION (City) town, or co	(Stele)
Burial July 11.55.	St. Gabriels	Cemetery	Juneceri 1	u.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		35 FUNERAL DIRECTOR'S	SIGNATURE)	ADDRESS
DATE July 7, 1953 B. Dante	1) 4	Holling	oto Melins	ey/ACI.
	W		1 10-00-1	



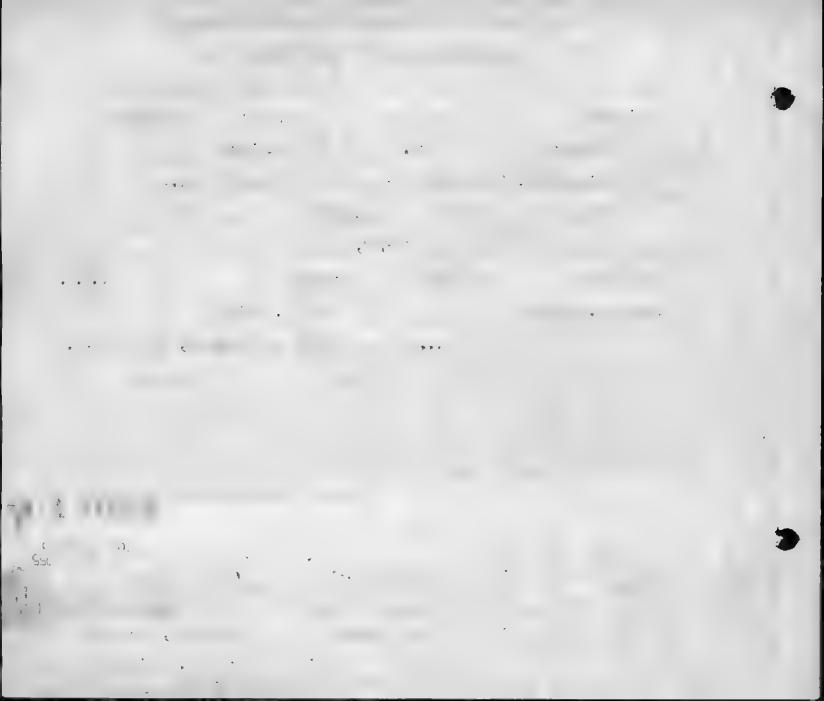


Lorman T. Saker

Soci

5. · · · i ..3 . .: Lor x

a car r the service of the service



ours after death.

Within 

7179

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

07	1	86	
----	---	----	--

			Reg. Dist	No
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	b
COUNTY Wicomico	MARYLAND	state Marylan		
CITY (If outside corporate limits, write RURAL OR and give nearest town) Salisbury	LENGTH OF STAY (in this plece) 3 months	CITY (If outside corpor. OR TOWN Salish	ate limits, write RURAL and give nea OUTY	rest town)
HOSPITAL OR INSTITUTION OR Deer's Head Stat	e Hospital	STREET ADDRESS ROU	ite # 2	1
3. NAME OF (First) DECEASED	(Middle)	(Las))	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Philip Gr		ckinson	DEATH July	20 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARI WIDOWED, D (Specify) W1	IVORCED,	1	82 Vrs. IF UNDER	1 YEAR   IF UNDER 24 HRS Deys Hours   Min.
done during most of working life, even if	nd of Business R INDUSTRY arming	11. BIRTHPLACE (State or foreign Michigan	n country) 12	COUNTRY? USA
Philip Reuben Dickinson		14. MOTHER'S MAIDEN N Sophronia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	6. SOCIAL SECURITY NO. Unk.	17. INFORMANT & AI	records	
I' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	·	INTERVAL BETWEEN ONSET AND DEATH
1 7.3 1	eralized carci	nomatosis		2 yrs.
STATING UNDERLYING CAUSE LAST. DUE TO	amous cell car	cinoma of left	ear	2 yrs.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	condary anemia	,		-
198 DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20 AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b PLACE (Ho) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,	na, ferm, factory,	21c. WHERE DID INJURY OCCUR	? (City or town) (Cour	YES NO X
(IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)			
WI	o. INJURY OCCURED  work Not white work	211. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the deco	ased from Apr. 4.	. 19.55 to Ju.	ly 20 , 1955 , that I	last saw the deceased
	d that death occurred a	10:45M, from the ca	suses and on the date state	d above.
SIGNATURE	L.V.Maldye,M.	Deer's He	ed State Hospita Maryland	7/20/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)  Burial July 23, 1958	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county	(Stete)
24. REC'D BY REGISTRAR SIGNATU	Wicomico Mer	25. FUNERAL DIRECTOR'S S	Salisbury, Man	Yland ADDRESS
DATE 7-25-55 Mary H.	Holloway	HOLLOWAY & CO		
	0/			

3 . 1 111111 7

il.

	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 332
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
<u> </u>	COUNTY Wicomico MARYLAND	STATE had COUNTY	
legib	CITY (If outside corporate limits, write RURAL OR and give nearest town)  COUNTY Salisbury  CITY (If outside corporate limits, write RURAL (in this place)  CITY (If outside corporate limits, write RURAL (in this place)  CITY (If outside corporate limits, write RURAL (in this place)  CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
write the causs of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital	STREET ADDRESS 308 N. (If pural, give location)	
clearl	3. NAME OF (First) (Middle) DECEASED: (Type or Print) William Dockin	(Last) 4. DATE (Month) (Day) OF DEATH 7 11	(Year) 19 55
learn	M RACE: WIDOWED, DIVORCED, Ma	e of Birth: 9. AGE last birthday: 17 UNDER 1 YE ay 11, 1923 32 yrs. Months Day	
70	work done during most of work life, even if retired): Unk.		CITIZEN OF WILA COUNTRY! USA
5	13. FATHER'S NAME: William Dockins	Clara Trice	
2	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Unk.) Unk.	17. INFORMANT & ADDRESS: Hospital records	
44		AL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ti Bilotenal	ONEET AND DEATE
Ottio.	Antecedent cause(s)  Diseases or conditions, if any, (b)		,
	stating underlying cause last (c)		
c. Fnysicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	sgia-Several Thomasic God!	14.
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	0	20. AUTOPSY? Yes No 🗋
Array.	21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street pfice bldg., etc. CAUSE OF DEATH.		md.
age is especially important.	21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Work Work (Day) 41 Work (Day) 42 Work (Day) 42 Work (Day) 43 Work (Day) 43 Work (Day) 44 Work (Day) 45	Shot by Edgan Hours efter	myanet
eap	22. I hereby cerdly that I took charge of the remains described find that death esulted from: Natural causes . Accid		inquiry A, an
C. T	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMI	DATE SIGNED
20	20. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	RY OR CREMATORY LOCATION City flows, or course of the suppose of the course of the cou	
	DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE	24. FUNERAL DIRECPOR	130DRYSS

\* C8 `. C

T DOY

t, #

07189

7181

PLACE OF DEATH

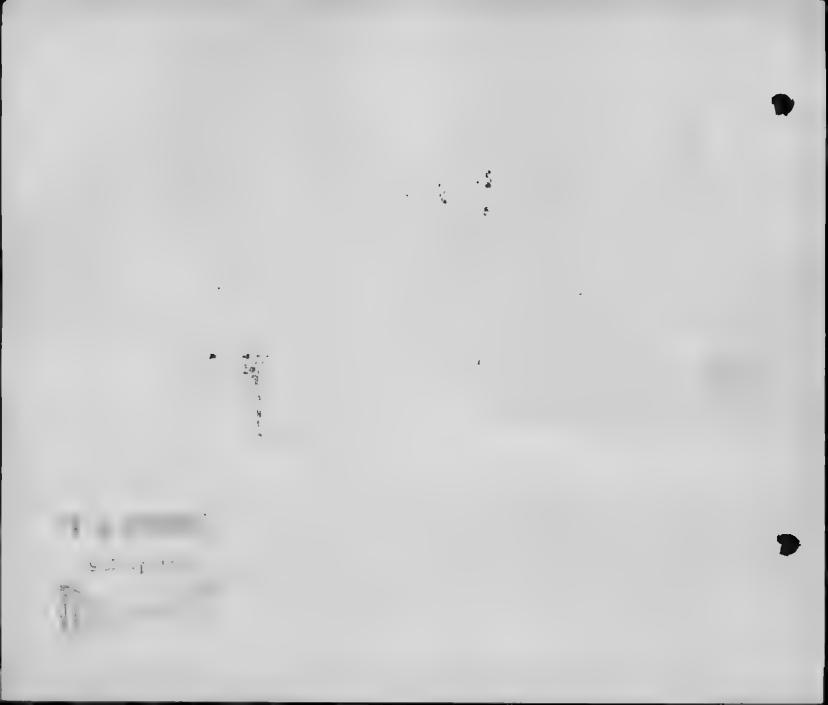
### CERTIFICATE OF DEATH

L. P. USUAL RESIDENCE (HOME) OF DECEASED

eg. Dist. No. 33-3

724		24 3 1 5 3	1.1
county Wicomico	MARYLAND		timore City
CITY (It outside corporate limits, write RURAL OR end give nearest town)	(In this place)	CITY (If outside corporate fimits, write RURAL and give net	
12 TOWN Salisbury	4 years	Town Baltimore	J.V. July
HOSPITAL OR INSTITUTION OR		STREET (Warrel give location)	
STREET ADDRESS Deer's Head State	Hospital	ADDRESS 2516 N. Charles Street	t
3. NAME OF (First)	(Middle)	(Lest) 4. DATE (Month)	(Day) (Yeer)
(Type or Print) Frank	Eise	enhood Beath July	18 19 55
5. SEX 6. COLOR OR   7. SINGLE, MARE	RIED, 8. DATE C	OF BIRTH 9. AGE lest birthdey   IF UNDE	
Male White Specify Si		5, 1876 78 yrs. Months	Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of warking life, even if	ND OF BUSINESS R_INDUSTRY		2. CITIZEN OF WHAT
dona during most of working life, even if retired) UNK a	Unk.	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frederick Eisenhood		Mary Smith	
	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or enk.) (If Yes, give wer or detes of service)	Unk.	Hospital Records	
	18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		•	ONSET AND DEATH
332 MANEDIATE CAUSE (A)	rebral thrombo	SIS	24 111 5.
ANTECEDENT CAUSE(S) DUE TO	L and i wall amage a	ronomalizad	2
GIVING RISE TO THE AROVE CALLSE	teri <u>òsclerosis</u>	, generalized	
STATING UNDERLYING CAUSE LAST, DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arter	iosclerotic ca	rdiovascular disease	?
190. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION		20, AUTOPSY?
	-		YES NO DE
27a. ACCIDENT WAS UNDERLYING   21b. PLACE (Hon OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, If FITHER, NOTIFY MEDICAL EXAMINER)		21r. WHERE DID INJURY OCCUR? (City or lown) (Cou	nty) (Siete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e Wh	ile Not while work the street	21f. HOW DID INJURY OCCUR?	
		3 , 1951 , to July 18 , 19 55 , that i	1-1
alive on July 18 19.55 and	d that death occurred at	2:30PM, from the causes and on the date state	narr elenen
Melder.	L.V.Maldve,M.	D; Deer's Head State Hospital	7/18/55
23. BURIAL, CREMATION,   DATE THEREOF	M.D."	Salisbury, Maryland  (REMATORY,   LOCATION (City, town, or count)	
REMOVAL ISPECIFY	1/2	7 1 8 1	na
1300rac 1/1/0/33	Tiwwwhall	emelled salisburg	ADDRESS A
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	0101	25. FUNERAL DIRECTOR'S SIGNATURE	JUDIKESS .
DATE July 20, 1955 Mary W.	Hallraway	IMM JOHNSON DELLO	dry /10
		W Morronce It Be	rher
V	-	. FONTHER ITEM	CONSTRUCTION CO.







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: carefully. The and legibly. Wicomico STATE Maryland COUNTY Wicomica COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) (in this place) 20R and give nearest town) TOWN Fruitland HOSPITAL OR STREET (If rural, give location) INSTITUTION OR P. G. Hospt. ADDRESS Green Street. STREET ADDRESS (Middle) (Last) 3. NAME OF (First) 4. DATE (Month) (Day) DECEASED: James Francis Gordy DEATH July 29. 1955 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months. Male April 25. 1919. 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT INDUSTRY work done during most of work life, INDUSTRY: even if threp. Service Station. Gas & Oil Station. COUNTRY! Hebron, Maryland, U.S A. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Supply every write the cau Carl F. Gordy Mary Mumford 15. WAS DECEASED FOR THE WALL TO NO. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (If Yes, rive war or dates of world war # 2. Yes, no, or unk ) Mrs. Madine T. Gordy (Wife) Fruitland, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause (m).. DUE TO UNFADING Physicians: Antecedent cause(s) (b) ...... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PLAINLY, WITH pecially important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No 21m. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, (County) (State) PRIMARY For CONTRIBUTING CAUSE OF DEATH. INJURY 216 HOW AID INJURY OCCUR? 21d. TIME (Month) (Day) (Year)/ (Hour) 21c. INJURY OCCURRED While at INJURY at work 22. I hereby certify that I took charge of the remains described above, held an Autobsy [], Inspection [], Inquiry [], and find that deal resulted from: Natural causes | , Accident | , Suicide | , Homicide | , Undetermined cause | , CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE DATE SIGNED

RITE is es We Se 凾 S

23. BURIAL, CREMATION.

DATE THIRTOF

information death clearly

n of jo

BINDING

FOR

RESERVED

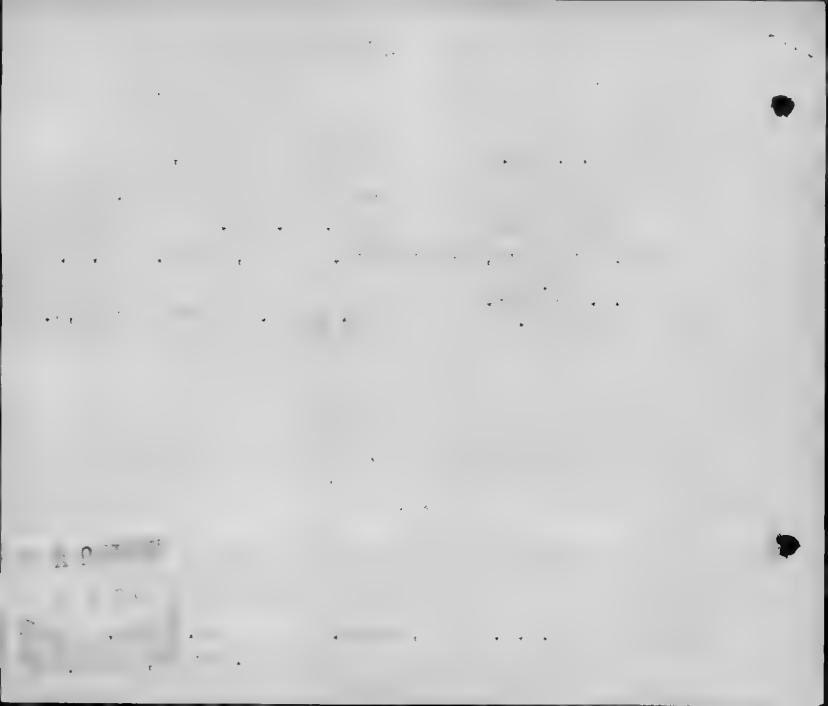
Ö

REMOVAL (Speelfy) : Aug. 1.55. Hebron. Cometery. Hebron. Maryland. 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE Holloway & Co. Salisbury, Maryland

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7185

# CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEASI	ED
COUNTY Wicomico	MARYLAND	state Marylan	d county Wile	corico
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		limits, write RURAL and give no	
Salisbury	3 vr. 2 mo.	TOWN O	sburv	×
HOSPITAL OR Ding Dinge Chata L	- Al	STREET ADDRESS	(If rure) give location	)
STREET ADDRESS Salisbury, Marylar	_ ^		. D. #3	,
3. NAME OF (First)	Mrddle)		4. DATE (Month)	(Day) (Year)
(Type or Print) Jennie	Foskey	Haddock	DEATH July	29 19 55
5. SEX . I 6 COLOR OR I 7. SINGLE, MARRI	D. 8. DATE O			ER I YEAR JIF UNDER 24 HRS.
Female White (Specify) Mar		18, 1883	72 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZEN OF WHAT
done during most of working life, even if OR retired Housewife	INDUSTRY	Whitesville, D	al sus ra	COUNTRY? USA
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		0021
Elijah Foskey		Annie West		
	SOCIAL SECURITY NO.	17. INFORMANT & ADDR	ESS	
(Yes, no, or unk.) (Yes, give wer or detes of service)	none	Self on ad	mi agi on	
NO 7	18. MEDICAL CER		IIIT22TOII	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
2027 IMMEDIATE CAUSE (A)				
ANTECEDENT CAUSE(S) DUE TO	, , , , ,	7	7	
DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	umon	ary luk	enculosi	·
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
194. DATE OF OPERATION 195. MAJOR FINDINGS	OF OPERATION			ZO. AUTOPSY?
210. ACCIDENT WAS UNDERLYING   21b. PLACE (Home OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, o	fice bldg., etc.)	ie. WHERE DID INJURY OCCUR? (	City or lown) (Co	unity) (State)
		RIF. HOW DID INJURY OCCUR?		77
M. el wo	Not while ork ork			130
22. I hereby certify that I attended the decea	sed from May 2	8, 1952, 10 July	29., 195.5., That	last saw the deceased
alive on 7/3,9/ 19 5.5, and	that death occurred at.	5.15. M, from the cause	s and on the date stat	ed above.
BIGNATURE	1. /	ADDRES	5 (Street city, town, state)	PATE SIGNED
ou a aw	M.D.	Trullan	d //LA	
23. BURIAT CREMATION, PREMOVAL (SPECIFY)  PRINCE THEREOF  PRINCE THEREOF	AME OF CEMETERY, OR	yel alonly 7	carlon (Cry, town, precoun	iv)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNDAL DIRECTOR'S SIGN	JURIC O	ADDRESS
DATE aug. 1, 1955 Mary 2	Hollowry	Construction of	Unray Solar	Eng ma,
	08			

INSTRUCTIONS

hours after death.

executed within

TO ATTENDING PRT SICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the firid copy of this death certificate assembly should be detached for use as a burial transit permit.

MF. 75 ...E. The same of the sa

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

urs after death.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24. The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME! OF DECEASE	ED .
	The state of the s	md.	January S.
	COUNTY / WARYLAND  CITY (if outside corporate units, write RURAL   LENGTH OF STAY	CITY (If outside corporate lights, write RURAL and give no	LYYUU
	OR and give nearest lowh) (id this place)	OR 1 11 1	el.
	12 TOWN Salistury Md dife	TOWN Jetistury Th	1
	HOSPITAL OR	STREET / (Ill rurel give location	)
	INSTITUTION OR	ADDRESS	1
	<u> </u>		
	3. NAME OF (First) (Middle)	(lest) 4. DATE (Month)	(Dey) (Year)
	(Type or Print) ( Mallie Mar	MAN DEATH	7 1965 5
	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF	F BIRTH 9. AGE lest birthdey   IF UNDE	R 1 YEAR JIF UNDER 24 HRS.
	RACE WIDOWED, D YORGED,	10 12/2 Q/- Months	Deys Hours Min.
	female cel (Specify) Welowa Cing,	12.1860 75 Yrs.	
Λ	10e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	2. CITIZEN OF WHAT
U	retired omestic non-	-tout	14.5.17
	13. FATHER'S NAME	14. MOTHER'S-MAIDEN NAME	
	Man D. 1 (Llank)	10.0.15/4-6	
	Albertan Diock	I majore Back	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS	
	(Yes, no, or unk.) (If Yes, give wer or deles of service)	I preme Ner	mon.
	18. MEDICAL CER	TIFICATION	I INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 6-1 227	ONSEL AND DEATH
	2100 X IMMEDIATE CAUSE (A)	nerles millely	1 0 4PM21
		1	( ).
	DISEASES OR CONDITIONS, IF ANY, (B)	istimacon.	1 years
	Charles dice to the above called		1100
	STATING UNDERLYING CAUSE LAST, DUE TO	wie perfernes	I WU I
	II OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE	Leon o	1 hook
	DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	176. MAJON PHONOS OF OFENANON		YES NO M
	21e. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, form, fectory,   2	Te, WHERE DID INJURY OCCUR? (City or town) (Co.	inty) (Stele)
	OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, office bidg., etc.)		, , , , , , , , , , , , , , , , , , , ,
	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED   1	21f. HOW DID INJURY OCCUR?	
	While Not while		
- 1	M. ef work - et work	The state of the s	· · · · · · · · · · · · · · · · · · ·
	22. I hereby certify that I attended the deceased from Advance.	, 192734, to 1934, 14, 1933, that	l last saw the deceased
	alive on 1444 1, 1953 , and that death occurred at.		ed above.
3	SIGNATURE, A // //	ADDRESS (Street, city, town, state)	O DATE SIGNED
[ ځ	L's NOS but downly no. 3	Sollis Vou me Kell	4.4.8 M.
ń	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or count	(Stete)
3	REMOVAL (SPECIFY)	0 1/0 0 //	1 mil
ē		em. Brucen	1/14.
3	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUMERAL DIRECTOR'S SIGNATURE	ADDRESS
	DATE 4-12-50 B. & Naylow - W	Western Off west.	

. 

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY LUI COMICO MARYLAND	STATE MARYLAND COUNTY COMPOSET
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)
OR and give neerast town) (in this place)	OR 51
1/2 TOWN SALLS DIE RY	TOWN FROM
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS FROM SULA GUNLAH HOSPITAL	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	
JACOD EARLESS	TARMON DEATH JULY 29 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE C	OF BIRTH 9. AGE last birthday   IF JONDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.
771 631	7879 5 p yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT
retired) The second sec	COUNTRY?
E START TOUR TIDES	(1) [1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frances Human	Laura Mandan
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS
(Yes, no.gr.unk.) (If Yas, give war or datas of service)	IF. HATOKMONI & ADDRESS
7777 2777	15 Nice Magaza Hermen Today Md fit 1
18. MEDICAL CEL	PTIFICATION DETWICE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSE AND DEATH
ann Campus	xundal monds
O O X IMMEDIATE CAUSE (A) CAMPUSM	La let 1 2 conte
ANTECEDENT CAUSE(S) DUE TO	(1)
DISEASES OR CONDITIONS, IF ANY, (B)	(Chuse Musmown)
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	1 1 hala Um il has then
D SEASE OR CONDITION CAUSING DEATH. Jelleonas	1 reversion les spen s.
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	/ 20. AUTOPSY?
	YES TO NO
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, fectory,	2 Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	(array)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) [Day) (Year) (Hour) 21e. INJURY OCCURRED	AT LIMIT BIR BURNING ACCURA
While Not while	21f. HOW DID INJURY OCCUR?
M, at work al work	
22 I haraby contife that I attended the decreed to 7/1/2	10 55 . 7/94 . 55
AA. I Hereby Certify may I allended the asceased from	19 35 , to 7/24 , 19 22 , that I last saw the deceased
alive on	M. from the causes and on the date stated above.
SIGNATURE / /	ADDRESS (Street city, town, state) DATE BIGNED
1/ Lawer X / Selliens	Silecture & 1 tille v. 165.
M.D.	X 11 11 11 11 150 1717
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) 3-2-55 Flower Si	1) Corretory & 1 . S. LO m.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	125 THEORY CONTRACT SOME CONTRACT PRICE !
24. KEC D DE KEGISTKAK KEGISTKAK'S SIGNAFUKE	35. FUNERAL DIRECTOR'S SIGNATURE
DATE aug. 2, 1955 Mary H. Holloway	Mary a Stewart 32 4 8. Chings
	Julyan, Ildi.
	,

AUG 2 1955

1901 SO 10ct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 3.22

07198

MEDICAL	EXAMINER'S	CERT	IFICATE	$\mathbf{OF}$	DE.	ATH	No. 26	0-
1. PLACE OF DEATH:		[] 2.	USUAL RESIDENCE	(HOME)	OF DECI	EASED:		
COUNTY WIE & Mi	C O MARYI	AND	STATE Oride	g cor	INTY /	S.	7h	
CITY (If outside corporate	limits, write RURAL   LENGTH	OF STAY	CITY (If outside co	rporate limi	ts write	RURAL and	d give nearest	town)
OR and give nearest toy	5004 / 100	is place)	TOWN Arca	dia		4	/ X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	insular General	dhea.	STREET ADDRESS (0 )		rural, giv	e location)		***************************************
3. NAME OF (F	irst) (Middle)	(L	ast)	4. DATE	(Mon	th) (Day	y) (Year)	
DECEASED: (Type or Print)	dward J	Hor	tfield Jel	OF DEATH	Jul	y 6	195	3
5. SEX:   6. COLOR	OR   7. SINGLE, MARRIED,	8. DATE O	F BIRTH: 9.	AGE last b	irthday:	D UNDER I	YEAR IF UNDER	24 HRS.
Make Colo	widowed Divorces	Marci	h 18, 1950	5	yrs.	Months D	ays llours	Min.
10a. USUAL OCCUPATION work done during most	(Give kind of 10b. KIND OF B) of work life. INDUSTRY:		11. BIRTHPLACE	(State or fo	reign co	intry): 12	CITIZEN OF	WILA
even if retired):	or work and,	-	4/01/g	g.		1 6	J	
IS. FATHER'S NAME:		I	. MOTHER'S MAIDE	N NAME:				
Edward	Hartield		Christin	6 6	UNI	701		
15. WAS DECEASED EVER IN U (Yes, no, or unk.) (If Yes, gir		RITY No.: 17.	INFORMANT & ADI	DREES: C	الماء	1	F .	
(No service)	_	- 16	A ristine 6	MKVE	1. 7	f bary	ia 1-1	2.
		18. MEDICAL	CERTIFICATION				INTERVAL B	
	NS DIRECTLY LEADING TO DEA	TH:			,		ONSET AND	
730 X Immediate cause	(a) Little (A	H Kin	emercley	- بعا	UN	wite.	de hour	م الم
	DUE TO	* *	A .	. 1 .				
Antecedent cause(s) Diseases or conditions, if		1 16 m	Lammar	Via	era			
giving rise to the above			,					*1
stating underlying caus	e last (e) ( Dos Describ.	in Beau	trital - h	Ju 50	ين حد	Truck	<i>,</i> }	
IL OTHER SIGNIFICANT C TO THE DEATH BUT	ONDITIONS CONTRIBUTING					(		
DISEASE OR CONDITIO				4 10170		* ** *** ** *		
19a. DATE OF OPERATION	1: 19b. MAJOR FINDING OF OPE	ERATION:					20. AUTOP	
AL EVERDALAT CARON W	A COLUMN NV A COLUMN A	Canha	21. (City on town)		4 Counts	-1	Yes 🗌	No 🔄
21s. EXTERNAL CAUSE W. PRIMARY OF OF CONTRIBU CAUSE OF DEATH.	UTING OF street, officing INJURY	ce bldg., etc.,	West un K	, FO	(Counts	1	(State)	1
21d. TIME (Month) (Day) OF INJURY 6-5!		Not while at work	while as	eld in	100	mr 7		32
	at I took charge of the remain							
	ilted from: Natural causes	, Accident						
SIGNATURE ON V	1)		DEPUTY	MEDICAL MEDICAL	EXAMI	NER _	DATE SI	GNED
F LX-M	Turk	A CHILDREN		NT MEDIC			7 × X - S	2
28. BURIAL, CREMATION, REMOVAL (Specify):	7-11-55 Cake	Ceda	e Cemetery	Crc	ade	town, or K	ounty 7	late)
DATE REC'D BY LOCAL REG. 7	RECISTRAR'S SIGNATURE	15-9	24. VUNERAL DIREC	TOR A	_	9-4	ADDR	ESS

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 7191

1. PLACE OF DEATH		2, USU/	L RESIDENCE	(HOME) O	F DECEA	BED	
COUNTY Wicomico	MARYLAND		Manglant				
CITY (If outside corporate limits, write RURAL OR and give negrest town)	LENGTH OF STAY (in this piece)	OR	(Il outside corporate			nearest town	)
12 town Salistury, Maryland	d  2 mo. 25 d	ays Town	Saliabu	rj, Arr	y Land	on)	1 4
££	State Hospital	ADDRE	ss 1.0. :	rt 762			/
3. NAME OF (First) DECEASED	(Middle)	(Last)		4. DATE		(Day)	(Year)
(Type of Print) Kearney		Hitch			July	1.0	19
S. SEX 6. COLOR OR 7. SINGI RACE WIDO Spec	OWED. DIVORCED.	te of Birth		AGE last birthdo	Month	DER 1 YEAR	Hours
IGa, USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS		E (State or foreign o		770. 1	12. CITIZE	EN OF WHA
done during most of working file, even if	OR INDUSTRY UK	יייַן זְייִי	ngto , De	1.		USZ	NTRY?
13. FATHER'S NAME		14. MOT	ER'S MAIDEN NAM				
Dr. Thomas A. Hite			Alm FORMANT & ADD	ira Dai	sey		
[Nos. no. or unk.] [II Yes, give war or dates of service with the service of the	DEATH 18. MEDICAL	CERTIFICATIO	Hognital	ecord Pox 23 lation	s & Mi <del>14 Lin</del>	ON	SET AND DE
	DEATH 18. MEDICAL Coronary Thr	CERTIFICATIO	Hogrital	ecord lavion	s & Mi <del>M Lin</del>	ON	TEATE SET AND DE days
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO 420./ IMMEDIATE CAUSE (A) _ ANTECEDENT CAUSE(S) DUE TO	DEATH 18. MEDICAL	centificatio combosis	No Re	lation	4-liin	3 (	SET AND DE
E DISEASES OR CONDITIONS DIRECTLY LEADING TO  420-/ IMMEDIATE CAUSE (A) _  ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS. IF ANY. (B)	Coronary Thr	centificatio combosis	No Re	lation	4-liin	3 (	SET AND DE
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO  420-/ IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	Coronary Thr	centificatio combosis	No Re	lation	4-liin	3 (	SET AND DE
DISEASES OR CONDITIONS DIRECTLY LEADING TO  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Coronary Thr	centificatio combosis	No Re	lation	4-liin	3 (	SET AND DE
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO  1 ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Coronary Thr	centificatio combosis	No Re	lation	4-liin	3 (	set and de. d ty s unk
I DISEASES OR CONDITIONS DIRECTLY LEADING TO  1 20. / IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION  19. MAJOR I  218. ACCIDENT WAS UNDERLYING   21b. PLA  21a. ACCIDENT WAS UNDERLYING   21b. PLA	Coronary Thr Arterioscler  Arterioscler	centificatio combosis cotic Car	No Re	Diser	ee	3 (	set and de. d ty s unk
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO  1 2	Coronary Thr Arterioscler  Arterioscler  Coronary Thr Arterioscler  Coronary Thr Arterioscler	centificatio combosis cotic Carl	iovasclar	Diser	ee	ON: 3 () YES	d ty s unk  O. AUTOPSY
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO  1 ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 190. MAJOR I	Coronary Thr Arterioscler  Arterioscler  Coronary Thr Arterioscler  Coronary Thr Arterioscler  Coronary Thr Arterioscler  Coronary Thr Arterioscler  Arterioscler  Coronary Thr Arterioscler  Coronary Thr Arterioscler  Arteriosc	centificatio combosis cotic Carl	iovasclar	Diser	ee	ON: 3 () YES	set and de days unk
DISEASES OR CONDITIONS DIRECTLY LEADING TO ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR F  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho	COPERATION  Arterioscler  Arterioscler  Arterioscler  EINDINGS OF OPERATION  ACE (Home, farm, factory, y streel, office bldg., etc.)  Url 21e. INJURY OCCURRED While at work at work	centificatio combosis cotic Cami	iovasclar	Diser (Cily or lown)	Ge (C	ON: 3 (VES	set and de days days unk  O. Autopsy (State)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  190. MAJOR I  210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho	Coronary Thr  Arterioscler	centification ombosis otic Cam 1	iovasclar iovasclar injury occur? injury occur?	Diser	6 (c	ON: 3 ( YES  County)	set And De days unk  O. Autops (State)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO  ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  190. MAJOR I  OF INJURY  OF INJURY  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho  A  22. I hereby certify that I attended the alive on	COPENTY The Coronary The Arterioscler  Arter	centification ombosis cotic Cambosis	iovasclar iovasclar injury occur? injury occur? injury occur?	Diser (City or town)	(compared to the date of the date of the date of the town, stete)	ON: 3 ( YES ounty)	o. AUTOPSI  (State)
DISEASES OR CONDITIONS DIRECTLY LEADING TO  1 ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR I  21a. ACCIDENT WAS UNDERLYING (P) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho  A  22. I hereby certify that I attended the alive on	COPENTH COPENTY The Arterioscler  Coronary The Arterioscler  A	centification combosis cotic Cambosis cotic Cambosi	iovasclar iovasclar iovasclar induryoccur? induryoccur? induryoccur? induryoccur?	Diser (City or town)  LO, 19  es and on the (Street, city I any La	(compared to the date of the d	ON: 3 ( YES County)	o. AUTOPS    No (State)
2 DISEASES OR CONDITIONS DIRECTLY LEADING TO  1 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  10 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  10 DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  190. MAJOR I  216. ACCIDENT WAS UNDERLYING OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Ho  ABOVE CAUSE  22. I hereby certify that I attended the alive on	Coronary Thr  Arterioscler  Arterioscler  Arterioscler  FINDINGS OF OPERATION  ACE (Home, farm, factory, ty streel, office bidg., etc.)  url Tel. INJURY OCCURRED While at work at work at work at work.  The deceased from April  M. at work April  M. D. NAME OF CEMETERY	centification combosis cotic Cambosis cotic Cambosi	iovasclar iovasclar injury occur? injury occur? injury occur? injury occur?	Diser (City or town)	55, that the date st town, stete) and town, or con-	ON: 3 (YES County)	o. AUTOPS)  i No (State)

\* 2 ,

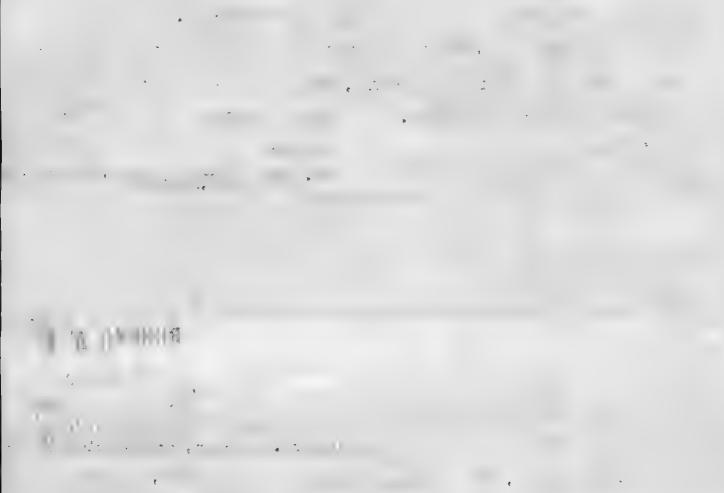
The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 93

07200

## CEDTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICO MARVIAND	STATE Maryland COUNTY Viconico
COUNTY WICOMICO MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE MATTIERS COUNTY WICOMICO  CITY (It outside corporate limits, write RURAL and give nearest town)
OR end give nearest town)  Salisbury  (in this plece)	OR .
ON .	During and To
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Race St	STREET (If rurel give location)  ADDRESS 208 Race St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yeer)
(Type of Print) WILMER JOHNSON	MOBBS DEATH July 20 th 19 55
S. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	
Male White SpecifyWidowed April	8. 1877 78 yrs. 4 12 Hours A
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CHIZEN OF WHAT
done during most of working life, even if retired Laborer for City Street Dept.	Walstons Maryland COUNTRY?
3. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
Elijah Kobbs	Sarah Jane
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes, no, or upk.) (If Yes, give wer or detes of service)	Mrs. Jenette Harman (Daughter) 309 Quine
18. MEDICAL CE	
	RTIFICATION . INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	the heat disease
1/2 . IMMEDIATE CAUSE (A) Astes-Sche	
ANTECEDENT CAUSE (A) Aster-Sche  ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)	
ANTECEDENT CAUSE (A) Atten-Scle  ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  DISEASES OR CONDITIONS, IF ANY, (B)	
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  UNDERLYING CAUSE (AST.  OCC.  CC.	
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	the heat disease ONSET AND DEAT
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	the heat disease onset and DEAT onset and DEAT onset and DEAT onset and DEAT
ANTECEDENT CAUSE(S)  DUE TO  CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO  (C)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  196. MAJOR FINDINGS OF OPERATION	The heat disease  ONSET AND DEAT
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  90. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or CONTRIBUTING   CAUSE OF DEATH   OF INJURY streel, office bidg., etc.)	the heat disease onset and DEAT onset and DEAT onset and DEAT onset and DEAT
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, UNDERLYING CAUSE LAST, DUE TO  (C)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  90. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  10b. ACCIDENT WAS UNDERLYING 10b.  10c. ACCIDENT WAS UNDERLYING 10b.  10c. ACCIDENT WAS UNDERLYING 10b.  10c. ONTRIBUTING 10c.  10c. CONTRIBUTING 10c.  10c. ONTRIBUTING 10c.  10c. ONTRIBUTIN	ONSET AND DEAD  The heat disease  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19b. MAJOR FINDINGS OF OPERATION  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)  11d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	The heat disease  ONSET AND DEAT
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, of INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)	20. AUTOPSY 2  21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, of INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)	ONSET AND DEAD  The heat disease  20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  90. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or contributing   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or contributing   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or contributing   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)  19c. ACCIDENT WAS UNDERLYING   21b. INJURY OCCURRED   While   Not while   et work   e	20. AUTOPSY 2  21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Se. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or Contributing Cause of Death OF INJURY street, office bidg., etc.)  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or Contributing Cause of Death OF INJURY street, office bidg., etc.)  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or Contributing Cause of Death OF INJURY street, office bidg., etc.)  19c. ACCIDENT WAS UNDERLYING   21b. INJURY OCCURRED While of work of	20. AUTOPSY 2  21c. WHERE DID INJURY OCCUR? (City or lown)  21f. HOW DID INJURY OCCUR?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or contributing   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)  11d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While et work   et wor	20. AUTOPSYZYES NO Part No. 7/12
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY stree), office bidg., etc.)  10c. ACCIDENT WAS UNDERLYING   OF INJURY of	20. AUTOPSYZYES NO Part No. 7/12
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (C)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  90. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH.  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH.  1 OF INJURY Street, office bidg., etc.)  1 OF INJURY Street, office bidg., etc.)  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH.  1 OF INJURY Street, office bidg., etc.)  1 OF INJURY Street, office bidg., etc.)  1 OF INJURY OCCURRED While et work et work  2 OF INJURY OCCURRED While et work et work  2 OF INJURY OCCURRED While et work et work  2 OF INJURY OCCURRED While ETTER OF INJURY OCCURRED While et work  2 OF INJURY OCCURRED WHILE ETTER OF INJURY OCCURRED WHILE ETTER OF INJURY OCCURRED  AND OF INJ	20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  20. AUTOPSY? YES NO  (County) (Stele)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  90. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  10c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, or CONTRIBUTING   CAUSE OF DEATH   PLACE (Home, ferm, fectory, or CONTRIBUTING   CAUSE OF DEATH   CAUS	20. AUTOPSY? YES NO  21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  20. AUTOPSY? YES NO  (County) (Stele)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?



M

# CERTIFICATE OF DEATH

MARY	LAND STATE DEPARTM	ENT OF HEALTH-I	BALTIMORE, 18	1172
7227	CERTIFICAT	E OF DEA	TH Reg. Dis	it. No. 336
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEASE	D/
COUNTY (If outside corporate limits, yrste Ri	MARYLAND  JRALO LENGTH OF STAY	STATE STATE	erate filmits, write RURAL and give no	ALTONIA.
OR and girth nearest town	(In this place)	OR DO	till.	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Y	STREET ADDRESS	- (M rurel give location	1
3. NAME OF DECEASED (Type or Print)	(Middle)	OKDEY	4. DATE (Month) OF DEATH	(Day) (Ya
5. SEX 6. COLOROR A	SINGLE, MARRED, 8. GAT. WIDOWED, DIVORCED, (Specify)	E OF BIRTH	9. AGE last birthdey IF UND! Months  70 yrs.	Deys Hours
10e USUAL OCCUPATION (Give kind of wor done during mest of working life, even retired)		11. BIRTHPLACE (Siete or fore	e, Md.	COUNTRY?
13. FATHER'S NAME	2000	14. MOTHER'S MAIDEN	La Hora	are .
15. WAS DECEASED EVER IN U. S. ARMED	4 ***	17. INFORMANT &	ADDRESS 971	antice
	18. MEDICAL C	ERTIFICATION	Honor, 17	NTERVAL BET
I DISPASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH	7	/	ONSET AND
30 p. 1	A) <u>(Prestruction</u>	CU OT.		3 ger
DISEASES OR CONDITIONS, IF ANY,	8)			
	C) BUTING			_
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	- Inaution	V.		- 1 Mor
196. DATE OF OPERATION 196. A	VAJOR FINDINGS OF OPERATION			20. AUTO
21s. ACCIDENT WAS UNDERLYING [] 2 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ib. PLACE (Homa, farm, factory, OF INJURY street, office bldg., etc.)	21c, WHERE DID INJURY OCCU	R? (City or town) (Co	unly) (Ste
21d. TIME OF INJURY (Manth) (Dey) (Ye	er) (Hour) 216. INJURY OCCURRED While Not while M. et work et work	21f. HOW DID INJURY OCCU	R?	
22. I hereby certify that I after	ded the deceased from 11/5	19.48,10.7	16 , 1955, that	l last saw the d
	5.5. and that death occurred	at / SPM, from the	causes and on the date stat	
SIGNATURE A	unders. M.O.	Muticole	RESS (Street, city, lown, stata)	7/8
73. BURIAT, CREMATION, REMOVAL (SPECIFY)	HEREOF NAME OF CEMETERY	Constitute -	COCATION (City, town, or coun	Marcist
24. REC'D BY REGISTRAR   REGISTR	The state of the s	A SINIERAL MIRESTONIC	CUCNIATION	ADDRESS-
14. ALCO OF ALGISTANA AGGIN	AR'S SIGNATURE	25. FUNERAL DIRECTOR'S	2. AR	4-542



VS A15C 1-55 10M

07202

# CERTIFICATE OF DEATH

Item . PilmG184 7-28-55 6	b	Reg	. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DEC	EASED
COUNTY WICOMICO CITY (If outside corporate limits, write RURAL OR and give meerest town)	MARYLAND LENGTH OF STAY [in_this place)	STATE Maryland COUNTY CITY (Il outside corporate fimils, write RURAL and OR	Ante Arundel
12 TOWN Salisbury	3 <sub>2</sub> yrs	TOWN Baltinore	02x-2
9/ STREET ADDRESS Deer's Head St	ate Hospital	ADDRESS 302 Midland Ave; I	
3. NAME OF (First)  DECEASED (Type or Print)  Minnie	(Middla)	Horshaw GATE (Month)	(Day) (Yeer) 13 18 ,955
F Col. (Spacify)	n DIVORCED	3, 1873 82 ym.	IF UNDER 1 YEAR IF UNDER 24 HI Aonths Days Hours Min
done during most of working life, aven if ratired) UNK.	b. KIND OF BUSINESS OR INDUSTRY UNK.	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? USA
Samuel Luckus		Evilymine Reed	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.)  UNK.  (If Yas, give war or dates of service)	16. SOCIAL SECURITY NO. Unk	Hospital records	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO D 332× IMMEDIATE CAUSE (A)	EATH 18. MEDICAL CE Cerebral thrombo		interval between onset and death 3 days
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)	Arteriosclerosis	, general	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rteriosclerotic	cardiovascular disease	?
19a, DATE OF OPERATION 19b. MAJOR FINE	INGS OF OPERATION		20. AUTOPSY? YES NO X
216. ACCIDENT WAS UNDERLYING   216. PLACE OR CONTRIBUTING   CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, treat, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (Siste)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.	21a. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I affended the alive on July 18, 1955	and that death occurred a	3, 19.51, to July 13, 19.55, 2:50FM, from the causes and on the dail Maldve, M.D. ADDRESS (Street, city, town,	ie stated above.
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR		or county) (State)
Dirial 7-21-5 24. REC'D BY REGISTRAR REGISTRAR'S SIGN		25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-25-33 Mery	V. Hollowargy	Delaigh & Winew	run



# 7194 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ERT	A TITE	DE	ATT

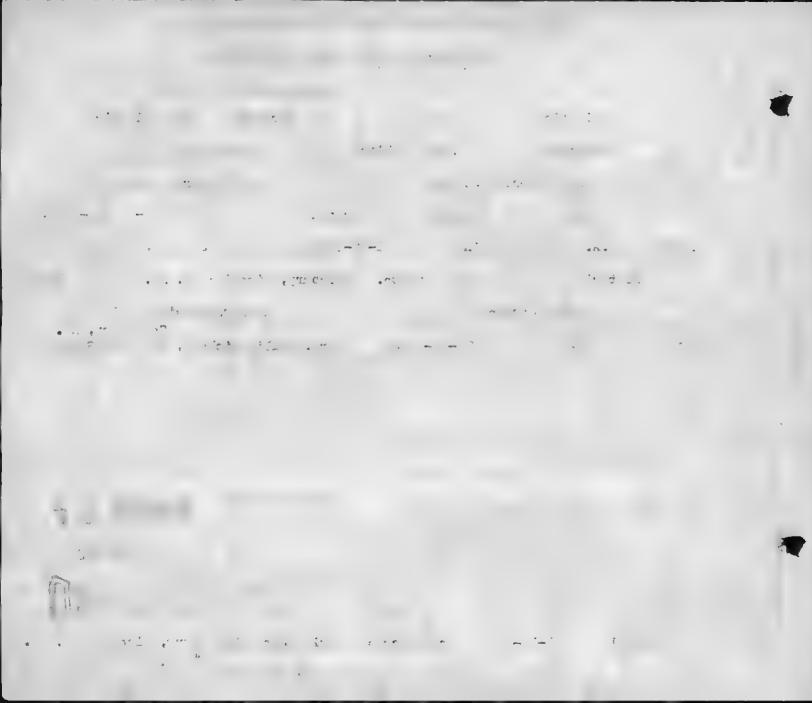
		CERTIFICATE OF DEATH Reg. Dist.	. No. 332
	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASES	D:
•	carefully legibly.	COUNTY I DIE MARYLAND STATE Maryland COUNTY WA	rester
		COUNTY DE MARYLAND STATE MARYLAND COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  MARYLAND STATE MARYLAND COUNTY MARYLAND CITY (If outside corporate limits, write RURAL a OR	nd give nearest town)
M	and	12 TOWN Solution Week TOWN Snow Hell	d. J. X - 2
\	但台	HOSPITAL OR STREET (If rural give location)	,
	nfor	STREET ADDRESS enusula General Hood tal	V_
	every item of information auses of death clearly and	DECEASED: OF O	Duy) (Year)
	m dea	5. SEX:   6. COLOR OR 7. SINGLE, MARRIED.   B. DATE OF BIRTH: 9. AGE last birthday is under the	Lan 1955
	it w		ays Hours   Min.
	causes	On IIGHAI OCCUPATION (Give kind of 10s KIND OF BIIGINESS AN SIRTURI ACE (State or favoign country), 140	CITIZEN OF WHAT
NG		work done during most of working life. OR INDUSTRY: even if retirefarmer farming Stocketon Md	20 SA
IDI	Supply te the c	13. FATHER'S MAIDEN NAME:	
BINDIN	Sul ite	samuel Hudson Mary E. Hudson	r
OR	IK. Su write	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates	1
F	IN	18. MEDIGAL CERTIFICATION	1
ED	DING plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
RESERVE	ADI	MMEDIATE CAUSE (A) Her BO Notate Preumonie	2 days
SSE	TH UNFA!	ANTECEDENT CAUSE (8)	adayo
	Vsic	DISEASES OR CONDITIONS, IF ANY, (B) Cerualy affect selling	unterseen
MARGIN	WITH it. Phy	STATING UNDERLYING CAUSE LAST. DUE TO	1,
AR	W.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	'
M	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	7		YES NO X
	RITE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bidg., etc. INJURY OCCUR?	(State)
	- 25	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
	OF	22. I hereby certify that I attended the deceased from . 6/8.5/, 1955 to .7/. 3/. , 1955 that I last	saw the deceased
- 03	Ο.	alive on, 19, and that death occurred at J.M, from the causes and on the date	stated above.
2		113,00m R-90ha The MR Salister Md	1-3-55
- 911	₹	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY) 7-5-55 (Mag rath of Carne Tours)	county) (State)
× × × × × × × × × × × × × × × × × × ×	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. 24. FUNERAL DIRECTOR . REGISTRAR 3- 55 Mary W. Hollman . Suo	ADDRESS Md.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE.

	224
	CERTIFICATE OF DEATH  Reg. Dist. No. 332'
regiony.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
l	COUNTY WICOMICO MARYLAND STATE VIRGINIA COUNTY ACCOMIAC
I	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  OR and give nearest town)  OR OR
	15 TOWN SALISBURY 1/2 HOUR TOWN NEW CHURCH YX-J
	HOSPITAL OR STREET (If rural give location) ADDRESS
	STREET ADDRESS I ENVINSULA GENERAL HOSPITAL
	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)
	OF CTYPE OF Print) HENRY S. HURLEY Y DEATH: JULY 25 1955
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday if under 1 YEAR IF UNDER 14 HRE.  RACE: WIDOWED, DIVORCED, Min.
	MALE WHITE (Specify): Nec. 19, 1883 7/ yrs. 6 6
1	NOA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
	Telliel tarmer lewrined own farm Maryland MSA
	13. FATHER'S NAME:
_	Henry & Hurley Julia Unn Hall
	19. WAS DECEASED EVER IN U.S. AFRED FORCEST 15. SOCIAL SECONITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates
	1 h) of service no home must wille Mar Hurley New Church Va
	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET AND BEATH
	at the there
	IMMEDIATE CAUSE  DUE TO  DUE TO
	ANTECEDENT CAUSE (S)
	GIVING RISE TO THE ABOVE CAUSE DUE TO
	STATING UNDERLYING CAUSE LAST
Ī	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
l	DISEASE OR CONDITION CAUSING DEATH. CLEEK TURNORES 1 Colors
ı	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	YES NO
	21A. ACCIDENT WAS UNDERLYING   21B. FLACE (Home, farm, factory, 21c WHERE DID (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?
	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID NJURY OCCUR?  While Not while
	M. at work at work
ĺ	22. I hereby certify that I artended the deceased from, 190 7 to, 190 3, that I last saw the deceased
I	alive on 1 1 15, 19 Fand that death occurred at 91 PM, from the sauses and on the date stated above.
	SIGNATURES DATE SIGNED
I	M. D.  M. D.  AND CREMATION DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, of county) (State)
I	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, of founty) (State)
۱	DATE PECID BY LOCAL DESIGNATURE AND PROPERTY DIPETTER ADDRESS

VS. A15-10-53





#### OF DEATH CERTIFICATE

Reg. Dist. No.

I LEMON OL	DEATH			2. U	SUAL RESIDENC	E (HOME) OF E	DECEASED	
COUNTY	Wico	mico	MARYLAN	ID 5'	Maryla	nd county	Wicom	ico
	ida corporata limits, write	RURAL	LENGTH OF ST			a límits, write RURAL	end give neers:	st town)
OR end giv	o neerest town) Saliabury		(in this place		WM	ttsville.	PO	X
HOSPITAL OR					TREET		ive location)	
STREET ADDRE		la Genera	1 Hospita		DORESS			
3. NAME OF DECEASE	(First)		(Middis)	(Last)		4. DATE (M	onth)	(Day) (Year)
(Type or Print)	Matti	•	H.	Jacob		DEATH	7 -	24 - 19 55
5. SEX	6. COLOR OR	7. SINGLE, MAR	RIED, 8	DATE OF BIRTH	9.	AGE last birthday	IF UNDER 1	YEAR HE UNDER 24 HE
Bomolo	RACE	WIDOWED, D	DIVORCED,	0.70.06		50 ya.		Deys Hours Min.
Female	PATION (Give kind of v		IND OF BUSINESS	2-12-05	IPLACE (State or foreign			CITIZEN OF WHAT
dona during a	nost of working life, eve		R INDUSTRY				""	COUNTRY?
retired)	Farm Work	Se Se	asonal		dley, Geor			USA
13. FATHER'S NA!	AE			14.	MOTHER'S MAIDEN NA	ME		
	Mil	lard Powe	11			Ola	Powe	11
15. WAS DECEASE	ED EVER IN U. S. ARME		16. SOCIAL SECURIT	IY NO.	7. INFORMANT & ADI	ORESS .		
(Yes, no or unk.)	(N Yes, give war or da	ites of service)			Jemes Jes	obs. Pitt	ovr433a	Md.
210	210		10 MEDIC	CAL CERTIFICA		0001 2200	0122209	INTERVAL BETWEEN
I DISEASES OR C	ONDITIONS DIRECTLY I	LEADING TO DEATH						
1. 21X								ONSET AND DEATH
331X IM	MEDIATE CAUSE	· (A) Cere	ebromalaci	a and bro	nchopneumor	nia		
ANTE	MEDIATE CAUSE  CEDENT CAUSE(S)	· (A) Cere		a and bro		nia		ONSET AND DEATH 5/28/55
ANTE DISEASES OR CO	MEDIATE CAUSE  CEDENT CAUSE(S)  NOTIONS, IF ANY,	(A) Cere	ebromalaci	a and bro		nia		ONSET AND DEATH
ANTE	MEDIATE CAUSE  CEDENT CAUSE(S)	(A) Cere	ebromalaci	a and bro		nia		ONSET AND DEATH 5/28/55
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY	MEDIATE CAUSE  CEDENT CAUSE(S)  NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.	(A) Cere	ebromalaci	a and bro		nia		ONSET AND DEATH 5/28/55
DISEASES OR CO GIVING RISE TO STATING UNDERLY	MEDIATE CAUSE  CEDENT CAUSE(S)  NOTIONS, IF ANY,	(A) Cere Due to Subc  (B) Due to (C)  TRIBUTING	ebromalaci	a and bro		nia		ONSET AND DEATH 5/28/55
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO	AEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON SUT NOT RELATED TO TO NDITION CAUSING DEA	(A) Cere Due to Subc (B) Due to (C) TRIBUTING HE	ebromalaci dural hema	a and bro		nia		5/28/55 to 7/23/55
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLI  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO	AEDIATE CAUSE  CEDENT CAUSE(S)  INDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO T  NOTITION CAUSING DEA	(A) Cere DUE TO SUDO (B) DUE TO (C) HTRIBUTING HE MAJOR ENDING	ebromalaci	a and bro	nchopneumor	nia		to 7/23/55
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO  19a. DATE 97 096	AEDIATE CAUSE CEDENT CAUSE(S) NOITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO TO NOITION CAUSING DEA RAJION 1996 1996	(A) Cere DUE TO SUDO (B) DUE TO (C) HEREUTING HE LTH MAJOR FINDINGS	ebromalaci dural hema s of operation dural hema	a and broatoma	nchopneumon		1County	0 NSET AND DEATH 5/28/55  to  7/23/55  20. AUTOPSY? YES € NO []
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH II DISEASE OR CO  19a. DATE OF OPE  21a. ACCIDENT W OR CONTRIBUTING	AEDIATE CAUSE  CEDENT CAUSE(S)  INDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO T  NOTITION CAUSING DEA	(A) Cere DUE TO SUDO (B) DUE TO (C) STRIBUTING HE THE.  MAJOR FINDING: SSLVE SUDO	ebromalaci	a and broatoma	nchopneumon		(County	0 NSET AND DEATH 5/28/55  to  7/23/55  20. AUTOPSY? YES € NO []
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO  19a. DATE OF OPE OR CONTRIBUTING (IF ETHER, NOTIFY)	AEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOYE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON SUT NOT RELATED TO T NDITION CAUSING DEA RAJION MAS. AS UNDERLYING X III CAUSE OF DEATH MEDICAL EXAMINER	(A) Cere DUE TO SUDO (B) DUE TO (C) STRIBUTING HE LTH.  MAJOR FINDING: SSLVE SUDO 21b. PLACE (Hour) OF INJURY street, (Year) (Hour) 21b	s of operation dural hema	a and broatoma atoma, rig	ht.		(County	0 NSET AND DEATH 5/28/55  to  7/23/55  20. AUTOPSY? YES € NO []
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO  19a. DATE OF OPE OR CONTRIBUTING (IF ETHER, NOTIFY)	AEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOYE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON SUT NOT RELATED TO T NDITION CAUSING DEA RAJION MAS. AS UNDERLYING X III CAUSE OF DEATH MEDICAL EXAMINER	(A) Cere DUE TO SUDO (B) DUE TO (C) ITRIBUTING HE ITH.  MAJOR FINDING: SSLVE SUD 21b. PLACE (Hot OF INJURY street, (Year) (Hour) 21c. (Year) (Hour) 21c.	ebromalaci dural hema s of OPERATION dural hema me, farm, fectory, office bldg., etc.)	a and broatoma atoma, rig	nchopneumon		(County	0 NSET AND DEATH 5/28/55  to  7/23/55  20. AUTOPSY? YES € NO []
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO 19a. DATE 95 096 21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME 95 INJU	AEDIATE CAUSE  CEDENT CAUSE(S)  NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO T NDITION CAUSING DEA  RAJION  AS UNDERLYING X  CAUSE OF DEATH MEDICAL EXAMINER;  RY (Month) (Day)	(A) Cere Due to Subo (B) Due to (C) TRIBUTING HE ATH.  MAJOR FINDING SSLVE SUB- PLACE (Hoo OF INJURY street, (Year) (Hour) 1955 M. et	s of operation dural hema dural hema dural hema me, farm, fectory, office bldg., etc.)	atoma, rig	ht.  bit injury occur?  Accident	(Cily or town)		To 10 STele)
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNING TO THE DEATH I D SEASE OR CO  19a. DATE OF OPE OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. TIME OF INJU  22. I hereby	AEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO T. NDITION CAUSING DEA RATION AS UNDERLYING XI CAUSE OF DEATH MEDICAL EXAMINER; RY (Month) (Day) 28	(A) Cere DUE TO SUDO (B) DUE TO (C) JURIEUTING HE LITH.  MAJOR FINDING: SSLVE SUD  21b. PLACE (Hou OF INJURY street) (Year) (Hour) 21c 1955 M. et	s of operation dural hema me, farm, fectory, office bidg., etc.)  a. INDURY OCCURRE hile Not whork at work eased from	atoma, rig	ht.  DID INJURY OCCUR?  Accident  10	(City or town)	, that I le	to  7/23/55  to  7/23/55  20. AUTOPSY? YES E NO [] ) (Slete)
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO  19a. DATE OF OPP  21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. TIME OF INJU  22. I hereby alive on	AEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO TO NDITION CAUSING DEA RALION  AS UNDERLYING X  CAUSE OF DEATH MEDICAL EXAMINER;  RY (Month) (Day)  Certify that I at: 7/23/55, 15	(A) Cere DUE TO SUDO (B) DUE TO (C) JURIEUTING HE LITH.  MAJOR FINDING: SSLVE SUD  21b. PLACE (Hou OF INJURY street) (Year) (Hour) 21c 1955 M. et	s of operation dural hema me, farm, fectory, office bidg., etc.)  a. INDURY OCCURRE hile Not whork at work eased from	atoma, rig	ht.  DID INJURY OCCUR?  Accident	(City or town)	, that I le	to  7/23/55  to  7/23/55  20. AUTOPSY? YES E NO [] ) (Slete)
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNING TO THE DEATH I D SEASE OR CO  19a. DATE OF OPE  21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. TIME OF INJU  22. I hereby	AEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO TO NDITION CAUSING DEA RALION  AS UNDERLYING X  CAUSE OF DEATH MEDICAL EXAMINER;  RY (Month) (Day)  Certify that I at: 7/23/55, 15	(A) Cere DUE TO SUDO (B) DUE TO (C) JURIEUTING HE LITH.  MAJOR FINDING: SSLVE SUD  21b. PLACE (Hou OF INJURY street) (Year) (Hour) 21c 1955 M. et	s of operation dural hema s of operation dural hema me, farm, fectory, office bidg., etc.) a. INJURY OCCURRE hile Not work at work eased from	atoma, rig	ht.  DID INJURY OCCUR?  Accident	(City or town)	, that I la	to  7/23/55  to  7/23/55  20. AUTOPSY? YES E NO [] ) (Slete)
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I DISEASE OR CO  19a. DATE OF OPE  21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. TIME OF INJU  22. I hereby  alive on	AEDIATE CAUSE CEDENT CAUSE(S) NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO T. NDITION CAUSING DEA RAUON CAUSE OF DEATH MEDICAL EXAMINER; RY (Month) (Day) 28  Certify that I at 7/23/55, 15	(A) Cere DUE TO SUDO (B) DUE TO (C) JURIEUTING HE LITH.  MAJOR FINDING: SSLVE SUD  21b. PLACE (Hou OF INJURY street) (Year) (Hour) 21c 1955 M. et	s of operation dural hema s of operation dural hema me, farm, fectory, office bidg., etc.) e. INJURY OCCURRE hile Not we work at word d that death occ NAME OF CEN	atoma, rig	ht.  E DID INJURY OCCUR?  O Accident	(City or town)  /55, 19  ses and on the (SS (Street, city, to	, that I le date stated wn, stete)	TO TO STATE SIGNE 7/26/55
DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO  19a. DATE OF OPE OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU  22. I hereby Alive on SIGNATU  23. BURIAL, CREM REMOVAL (SP BUTIL	AEDIATE CAUSE  CEDENT CAUSE(S)  CEDENT CAUSE(S)  CREATED TO ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO T  NOTITION CAUSING DEA  RATION  AS UNDERLYING XI  CAUSE OF DEATH  AND CAUSE OF DEATH  REDICAL EXAMINER;  RY (Month) (Day)  CERTIFY that I at  ATTON, ECIFY)  BL	(A) Cere DUE TO SUDO (B) OUE TO (C) STRIBUTING HE ATH.  MAJOR FINDING: SSLVE SUDO (Year) (Hour) 21: 1955 M. et  Stended the deco	s of operation dural hema so of operation dural hema hema hema hema hema hema hema hema	atoma, rig	ht.  E DID INJURY OCCUR?  O Accident	(City or town)  /55, 19  Isses and on the SS (Street, city, to LOCATION (City, to Salisbury	, that I le date stated wn, stete)	TO TO STATE SIGNE 7/26/55
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I D SEASE OR CO  190. DATE OF OPE  210. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU  22. I hereby Alive on SIGNATU  23. BURIAL, CREM REMOVAL (SP	AEDIATE CAUSE  CEDENT CAUSE(S)  CEDENT CAUSE(S)  CREATED TO ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CON BUT NOT RELATED TO T  NOTITION CAUSING DEA  RATION  AS UNDERLYING XI  CAUSE OF DEATH  AND CAUSE OF DEATH  REDICAL EXAMINER;  RY (Month) (Day)  CERTIFY that I at  ATTON, ECIFY)  BL	(A) Cere DUE TO SUDO (B) UUE TO (C) STRIBUTING HE LTH.  MAJOR FINDING: SSLVE SUDO (FINJURY street, (Year) (Hour) 21 1955 M. et  tended the deco	s of operation dural hema so of operation dural hema hema hema hema hema hema hema hema	atoma, rig	ht.  E DID INJURY OCCUR?  O Accident	(City or town)  55, 19  ses and on the  ss (Street, city, to  LOCATION (City, to)  Salisbury  Salisbury	, that I le date stated wn, stete)	TO TO STATE SIGNE 7/26/55

70

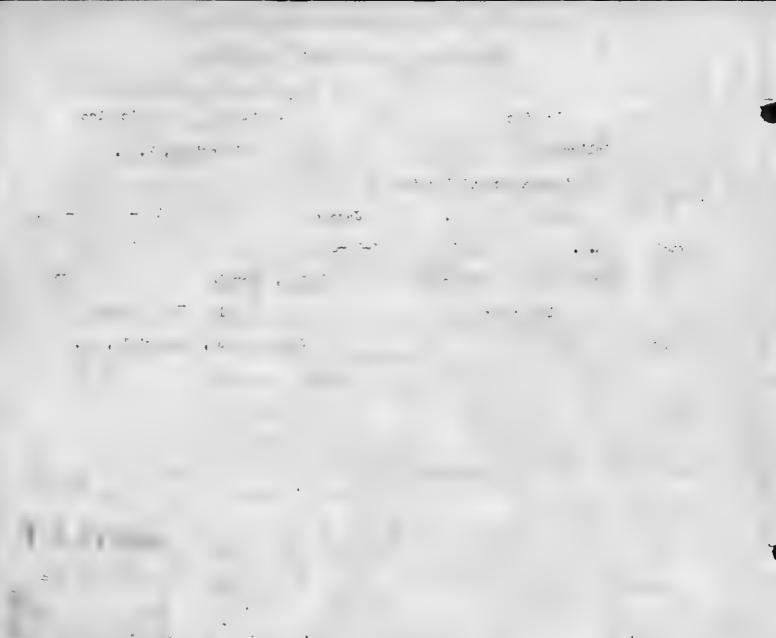
ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this

r death.

hours afte

2



TO FUNERAL DIRECTOR: certifica certificate 1.55 death A15C S

24.

DATE

Salisbury, Maryland M.D. SURIAL, CREMATION CEMETERY OR CREMATORY (State) DATE THEREO! LOCATION (City, town, or county) RIMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S FUNERAL DIRECTOR'S SIGNATURE

110 K 101 r

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. correct MEDICAL EXAMINER'S - CERTIFICA I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: ø carefully. The and legibly. Maryland county Wicomico COUNTY Wicomico MARYLAND STATE CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give pearest town)
TOWN Salisbury (in this place) TOWN Salisburv HOSPITAL OR INSTITUTION OR STREET ADDRESS Peningula General Hospital STREET (If rural, give location) ADDRESS 601 D Westover Drive f Information death clearly (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) Henry Edward Johnson DEATH 19 55 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTIL: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 Has. WIDOWED, DIVORCED, RAÇE: Months, Days Hours ery item of causes of de 10a. USUAL OCCUPATION (Give kind of 19b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during, most of work life, INDUSTRY: COUNTRY? BINDING Mucamirca 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Supply every WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: MARGIN RESERVED FOR (Yes, no, or unk.) (If Yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Stab wound of heart. hours. Immediate cause UNFADING Physicians: p Antecedent cause(s) Diseases or conditions, if any, (b) ...... giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RITE PLAINLY, WITH is especially important. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🔲 No 🗍 21c. (City or town) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, (County) (State) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. OF street, office bldg., etc., INJURY Home Saliabury Wi Wicomico Maryland 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) MOPM While at Not while at work Stabbed in fight. 22. I hereby certify that I took charge of the remains described above, held an Autopsy [X], Inspection K], Inquiry A, and find that weath resulted from: Natural causes [ , Accident [ ] , Suicide [ ] , Homicide [ ] , Undetermined cause | . SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER W ASSISTANTA MILITARIO REPORTE MACANIE NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) 23. BURIAL, CREMATION. 回公 REMOVAL (Specify) : ADDRESS

EURLAU V. T.

Soul : 77

7: (

this this

7 Sours at in death. After director, the third copy of

registrar within by the funeral

₽.E

ATTENDING PHYSICIAM OR HOSPITAL: The law requires that the death certificate be the bottom copy may be retained by the hospital or attending physician.

MSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a buriat transit permit.

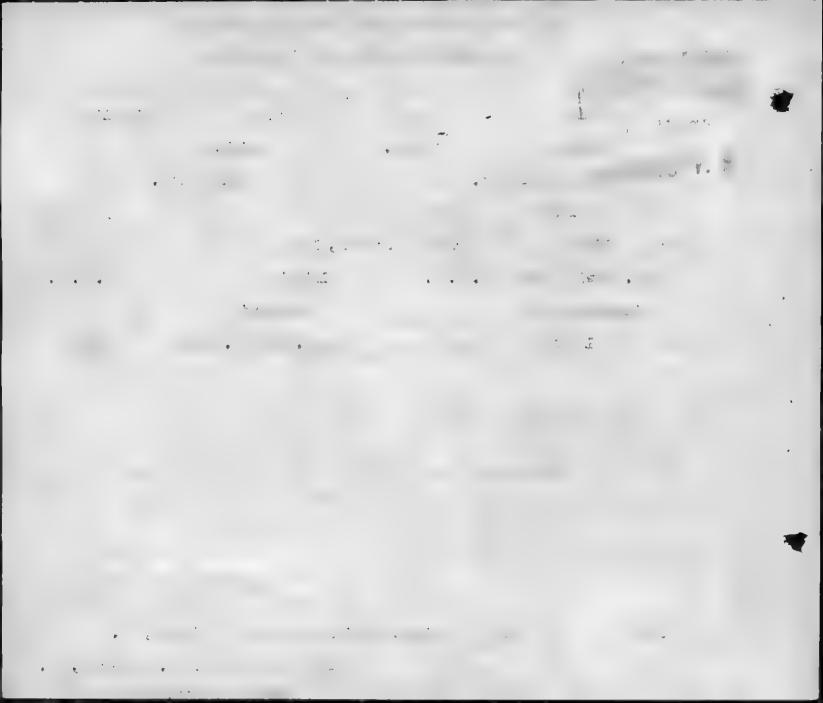
# CERTIFICATE OF DEATH

eg. Dist. No. 382

1. PLACE OF DEATH				
>			ENGE (HOME) OF DECEAS	
COUNTY Wilcomico	MARYLAND	STATE Maryla		combto
CITY (Il outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	OR	porete limits, write RURAL and give	neerest town)
/2 TOWN Salisbury	2 mons.	TOWN S	lisbury	1"
HOSPITAL OR INSTITUTION OR	*	STREET ADDRESS	(if surel give location	on)
5 STREET ADDRESS 604 Camden Ave	•		4 Canden Ave.	
3. NAME OF (first)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) CLAUDE	OWENS	KELL	DEATH 7	5 155
S. SEX   6. COLOR OR   7 SINGLE, MA		OF BIRTH	9. AGE lest birthday   IF UN	DER I YEAR JIF UNDER 24 H
Male White (Specify) M		<b>y</b> 27, 1892	62 yrs. Month	s Days Hours Min
	KIND OF BUSINESS	11. BIRTHPLACE (Steta or fo		12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		roigh codnity)	COUNTRY?
	. D. O.	Illinois		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Alexander Kell		Dama Er	ndn	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS	
(Yas, no, or unk.) (If Yas, give wer or dales of service)	234-50-01	68 Mrs. Clay	ra P. Kell	Same
ALDO WISE AS C. A.A.	18. MEDICAL CI	ERTIFICATION	S TO MOTH	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH	10. 12 .		ONSET AND DEATH
LA MANAGONATE CAUSE (A)	BYBUNARU G	Askelle 1	cre	Juddle
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8)	/			
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
194. DATE OF OPERATION 196. MAJOR FINDIN	GS OF OPERATION			20. AUTOPSY?
nt and before State than Printing Printing				YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)	ioma, farm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCC		ounly) (State)
	Pla. INJURY OCCURRED While Not while et work	214. HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the de	ceased from 7/51.	1950 10	1/2 10/2 1	t I last saw the decre
alive on				
SIGNATURE /	mo mai deam occurred		causes and on the date states (Street, city, town, state)	
	else l m.o.	8 20.0	IVII MAN	Y/1/2
28. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	OR CREMATORY	JOCATION (City, Jown, or cou	1/1/20
REMOVAL (SPECIFY) 7/2/1955		lational Cemete		
4. REC'D BY REGISTRAR   REGISTRAR'S SIGNATI				
1000	JKE	25. FUNERAL DIRECTOR		ADDRESS
DATE July 7, 1200 13. 1 hour	we	The Hill &	¿ Jehnson Co. Sal	Lisbury, Md.

George

.C. H113. TT



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

72 .

### CERTIFICATE OF DEATH

Reg. Dist. No. 332 I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico Maryland COUNTY Wicomico MARYLAND (If autside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give negrest town) (in this place) TOWN TOWN Salisbury About 12 mers Salisbury HOSPITAL OR STREET (if rurel give location) INSTITUTION OR **ADDRESS** STREET ADDRESS Peninsula General Hospital Willow Street (Middle) 4. DATE (Month) Day 3, NAME OF (Lest) (Year) DECEASED (Type or Print) DEATH 5 1955 Clara Kerney 5. SEX COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months (Specify) Widow 1896 YIV. Female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Laundress Star Laundry Guyton, Georgia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Reese Maggie Hines 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give wer or detes of service) 253-16-2533 Mrs. Ida Fleming, Savannah, No Georgia INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH THour Acute Carditie IMMEDIATE CAUSE Hypertensive Heart Disease DUE TO Unk. ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO \_\_\_\_\_ 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20, AUTOPSY? 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION YES 🗍 NO 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING [ ] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY? (Month) (Dey) 21f. HOW DID INJURY OCCUR? (Yeer) (Hour) | 21e. INJURY OCCURRED 22. I hereby certify that I attended the deceased from......June ....26,19.55...., to.....June ....5..., 19.55...., that I last saw the deceased alive on ..... Jul J. NAME OF CEMETERY OF SENIOR DUTY, WISOMINGS, WATTINGTON BURIAL, CREMATION, REMOVAL (SPECIFY) Torguson Cometery | | 25. FUNERAL DIRECTOR'S SIGNATURE Guyton, Georgia Burial **7-11-5**5 24. REC'D BY REGISTRAR ST. Nanton

THSTRUCTIONS

Af≣r ∨ of

#ird

director,

within

registrar by the f

å.c

illed ith

ete

he death c physician

he attending phe detached for u

USe

physician, tificate be nd comple

or aftending

þ

retained

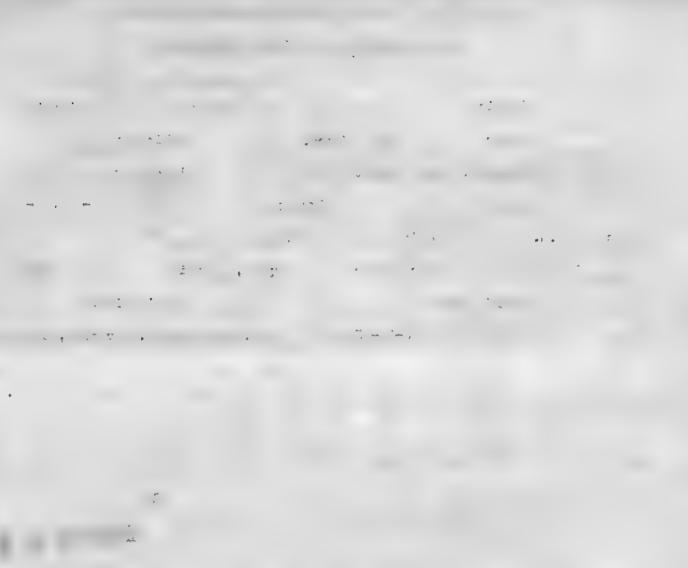
à

The bottom copy may be re

TO FINE I DIRE OR:

certificate has been executed death certificate assembly

10 A



C

NSTRUCTIONS

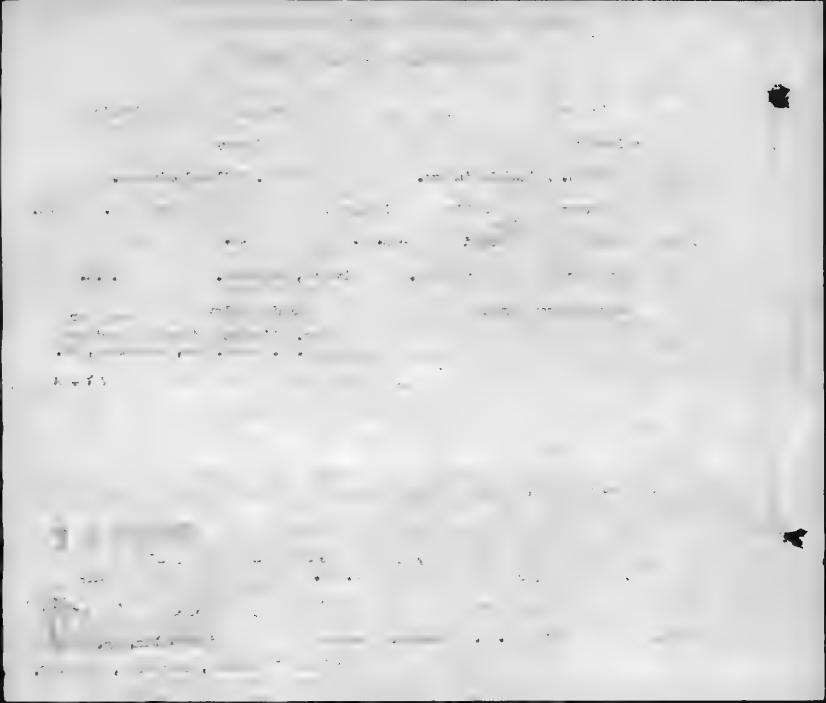
2

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No ...

				2,	USUAL RESIDI	ENCE (HOME) OF D	ECEASED	
COUNTY	Wicomico		MARYLAND		STATE Maryla	and county	Wicom	ico
CITY (Il out	tside corporate limits, w ine seesest town)	rite RURAL	(in this place)		CITY (If outside cos	porate limits, write RURAL s	and give nearest	l lown)
HOSPITAL OF	OB				STREET ADDRESS	, , ,	lve location)	
STREET ADDR	105 W.	Philadelph:			105 W.	Philadelph:	ia Ave.	
3. NAME OF DECEASE (Type or Print)	D washing	Ame		1vengo	_	4. DATE (Mo OF DEATH J)		(Year) (year)
s. sex <b>Fenale</b>	6. COLOR OR	7. H KATA) ARRI WIDOWED, DIV (Specific Labor)	PRCED, 8.	DATE OF BIR		9 AGE last birthday 54e yrs.	METERS 1	YEAR IF UNDER 24 HRS Hours Min.
	UPATION (Give kind of most of working life, to LOUIS WOTK		D OF BUSINESS INDUSTRY		BIRTHPLACE (Siete or lo			COUNTRY?
13. FATHER'S NA	ME			,	14. MOTHER'S MAIDE	NAME		
	George Mer	ary Larmore				Insley	( Dane	shter)
(Yes, so, or unk.)	SED EYER IN U. S. AR (If Yes, give wer or		SOCIAL SECURITY	NO.		abeth Livery	good De	rickson
T DISEASES OR	COMPITIONS DIRECTLY	Y LEADING TO DEATH	18, MEDICA	L CERTIF	CATION	Phila, Ave,	ial 10 be	ONSET AND DEATH
INCV		6	e de la companya della companya della companya de la companya della companya dell	0 4	-0.0	Gene	10)	1 Y
	MEDIATE CAUSE	DUE TO	C. C. P. C.	9 /1	24	-	13/	11777
	ECEDENT CAUSE(S)	000 10						- 0
DISEASES OR CO	ONDITIONS, IF ANY,	(B)						
GIVING RISE TO STATING UNDER	ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST.	(B)						
GIVING RISE TO STATING UNDER	THE ABOVE CAUSE LYING CAUSE LAST.	DUE TO						
GIVING RISE TO STATING UNDERI 11 OTHER SIGNIFIC TO THE DEATH	THE ABOVE CAUSE LYING CAUSE LAST. CANT CONDITIONS CO BUT NOT RELATED TO	DUE TO (C) ONTRIBUTING THE						
GIVING RISE TO STATING UNDERI 11 OTHER SIGNIFIC TO THE DEATH	THE ABOVE CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO SNOTTH OF THE STATE TO	DUE TO (C) ONTRIBUTING THE	OF OPERATION					20. AUTOPSY?
GIVING RISE TO STATING UNDER! II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 190. DATE OF OP	THE ABOVE CAUSE LYING CAUSE LAST.  CAN'T CONDITIONS CO BUT NOT RELATED TO SONDITION CAUSING D  PERATION 19	DUE TO (C) OMTRIBUTING THE EATH. Pb. MAJOR FINDINGS						YES NO
GIVING RISE TO STATING UNDER!  11 OTHER SIGNIFIC TO THE DEATH DISEASE OF CO.  19. DATE OF OF 1-23-  21. ACCIDENT VOR CONTRIBUTING	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO DODITION CAUSING D  PERATION  VAS UNDERLYING  CAUSE OF DEATH	DUE TO (C) ONTRIBUTING THE EATH. Pb. MAJOR FINDINGS 21b. PLACE (Home	, farm, fectory,	21c, V	WHERE DID INJURY OCC		(County)	YES NO
GIVING RISE TO STATING UNDER UNDER SIGNIFIC TO THE DEATH DISEASE OR CO.  19. DATE OF OF 19. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIFY)	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO SONDITION CAUSING D PERATION  VAS UNDERLYING D	DUE TO (C) ONTRIBUTING OTHE EATH. Pb. MAJOR FINDINGS  21b. PLACE (Home OF INJURY street, o (Year) (Hour) 21a. Whit	in, farm, fectory, iffice bldg., etc.) INJURY OCCURRED Not while	[ 211. }	WHERE DID INJURY OCC	UR? (City or town)		YES NO
GIVING RISE TO STATING UNDER UNDER SIGNIFIC TO THE DEATH DISEASE OR CO.  190. DATE OF OP 210. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJURY 21d. TIME OF INJURY 21d.	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO  DERATION  VAS UNDERLYING  COMMAND  MASS OF DEATH  MEDICAL EXAMINER)  URY [Month] [Dey]	DUE TO (C) ONTRIBUTING OTHE EATH Pb. MAJOR FINDINGS  21b. PLACE (Home OF INJURY street, o (Year) (Hour) M. et we	in farm, fectory, ffice bldg., etc.)  INJURY OCCURRED a Not white et work	211. 1	IOW DID INJURY OCC	CUR? (City or town)	(County)	YES NO (Stein)
GIVING RISE TO STATING UNDER!  11 OTHER SIGNIFIT TO THE DEATH DISEASE OR CO.  190. DATE OF OP OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. TIME OF INJURY  22. I hereby	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO SONDITION CAUSING D PERATION  VAS UNDERLYING D CAUSE OF DEATH  V MEDICAL EXAMINER)  URY (Month) (Dey)  V certify that I	DUE TO (C) DITRIBUTING THE EATH. 21b. PLACE (Home OF INJURY street, o (Year) (Hour) M. Whit M. attended the decea	iffice bidg., etc.) INJURY OCCURRED Not white et work	211.	19.55., to7.	CUR? (City or town)	(County)	(Stein)
GIVING RISE TO STATING UNDER!  11 OTHER SIGNIFIT TO THE DEATH DISEASE OR CO.  190. DATE OF OP OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. TIME OF INJURY  22. I hereby	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO SONDITION CAUSING D PERATION  VAS UNDERLYING  CAUSE OF DEATH  VAEDICAL EXAMINERS  URY (Month) (Dey)  V certify that I  7 - / 8	DUE TO (C) DITRIBUTING THE EATH. 21b. PLACE (Home OF INJURY street, o (Year) (Hour) M. Whit M. attended the decea	iffice bidg., etc.) INJURY OCCURRED Not white et work	211.	19.35, to 7.	CUR? (City or town)	(County)	(Stein)
GIVING RISE TO STATING UNDER!  11 OTHER SIGNIFITO THE DEATH DISEASE OR CO.  19. DATE OF OP 1 - 2 s - 210. ACCIDENT VOR CONTRIBUTING [IF ETHER, NOTIFY 21d. TIME OF INJ.  22. I hereby alive on	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO SONDITION CAUSING D PERATION  VAS UNDERLYING  CAUSE OF DEATH  VAEDICAL EXAMINERS  URY (Month) (Dey)  V certify that I  7 - / 8	DUE TO (C) DITRIBUTING THE EATH. 21b. PLACE (Home OF INJURY street, o (Year) (Hour) M. Whit M. attended the decea	iffice bidg., etc.) INJURY OCCURRED Not white et work	211.	19.35, to 7.	CUR? (City or town)	(County)	(Stein)
GIVING RISE TO STATING UNDER UNDER TO THE DEATH DISEASE OR CO.  19. DATE OF OP	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO SONDITION CAUSING D  FERATION  WAS UNDERLYING D  CAUSE OF DEATH  MEDICAL EXAMINER  URY (Month) (Dey)  TO THE COMMENT OF THE COMMENT  WAS UNDERLYING D  TO THE COMMENT OF THE COMMENT  WAS UNDERLYING D  TO THE COMMENT OF THE COMMENT  WAS TO THE COMMENT OF THE COMMENT  TO THE COMMENT OF THE COMMENT  TO THE COMMENT OF THE COMMENT OF THE COMMENT  THE COMMENT OF THE COMMENT OF THE COMMENT  THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT  THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT  THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT  THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT  THE COMMENT OF THE COME	DUE TO (C) DITRIBUTING THE EATH. Pb. MAJOR FINDINGS OF INJURY street, o (Year) (Hour) A. White M. attended the decea	iffice bidg., etc.) INJURY OCCURRED Not white et work	211. ) rred at 90.	19.55, to 7.10 LOP M, from the	CUR? (City or town)	(County)  ., that I la dale stated vn., state)	(Stein)
GIVING RISE TO STATING UNDER TO THE DEATH DISEASE OR CO. 190. DATE OF OF J. 200. ACCIDENT VOR CONTRIBUTING (IF ETHER, NOTIFY 21d. TIME OF INJUSTED ALIVE ON SIGNATU	THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS CO BUT NOT RELATED TO  DIVIDITION CAUSING DI  PERATION  WAS UNDERLYING DI  ON CAUSE OF DEATH  MEDICAL EXAMINER)  URY (Month) (Dey)  Y CERTIFY THAT  JRE  MATION,  PECIFY)	DUE TO (C) ONTRIBUTING OTHE EATH. Pb. MAJOR FINDINGS OF INJURY street, o (Year) (Hour) A. Whit M. et w.	injury occurred by hot work seed from.	pried at 9.9.	19.35, to 7.10P.M, from the	CUR? (City or town)  CUR?  Causes and on the DRESS (Street, city, tow	(County) , that I la dale stated vn, state)	St saw the deceased above.  DATE SIGNED



TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with RSTRUCTIONS

The Lottom copy may be ratained by the lospital or attending pllysician.

VS A15C 1-55 10M

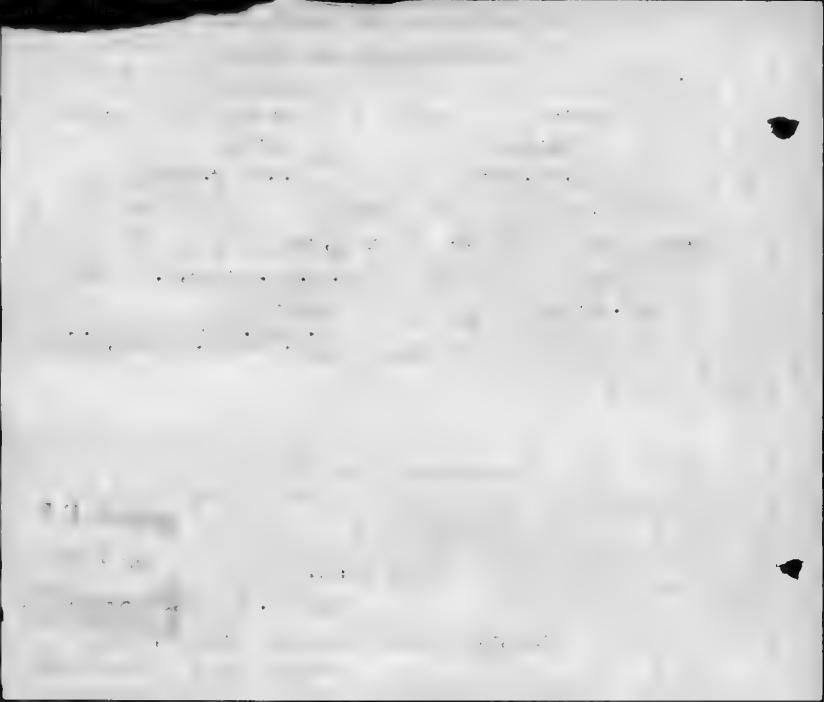
TO FUNE ALL DESCRIPTION The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending hysician and completely filted in by the funeral director, the third cupy of this death certificate assembly should be demanded for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 79 10

U	ð	2	1)	7

C	DTIEICAT	E OF DEA	TH		
		L OF DEM	R	eg. Dist. No.	334
I tem 9. FilmGl85 8-31-55	<u> </u>	1 2. USUAL RESIDEN			
				Baltimore	Cá tar
COUNTY WICOMICO  CITY (If outside corporate limits, write RURAL	STATE Maryla				
OR and give narrast lown)  / Salisbury	(in this place) 3 years	or town Brook		j v	
HOSPITAL OP		STREET	(If rure) gi	ve location)	7
INSTITUTION OR Deer's Head Sta	ate Hospital	ADDRESS			1
3. NAME OF (First) DECEASED (Type or Print) Nellie	(Middle) McA	(Lest) Allister	4. DATE (Mo	July 13	(Year) 19 55
5. SEX 6. COLOR OR 7. SINGLE, WIDOW (Specify)	D DIVOPCED	>	Est? 75 ym.	Months Deys	IF UNDER 24 HRS Hours Min.
IDs. EISHAL OCCUPATION (Give had of work   10	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slets or foreign	in country)	COU	EN OF WHAT HTRY?
13. FATHER'S NAME Lewis Dowellson		14. MOTHER'S MAIDEN N Sarah M	icClemey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRE\$5		
(Yes, no, or unk.) (If Yes, give wer or deter of service)		Hospita	l records		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO D	18. MEDICAL CI	ERTIFICATION			ERVAL BETWEEN
A MAMEDIATE CAUSE (A)	Bronchopneumoni	a, right lower l	obe		8 hours
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)			<u></u>		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosi	s, general			?
	DINGS OF OPERATION				O. AUTOPSY?
210. ACCIDENT WAS UNDERLYING   21b. PLACE	(Home, farm, factory,	21c. WHERE DID INJURY OCCUR	? (f'ity or town)	(County)	S NO X
OR CONTRIBUTING CLAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	iraet, offica bldg., atc.)		(City of Iowill)	(County)	(51414)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour)  — M.	21a. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the	deceased from April	1, , 19 52 , 10 Jul	Ly 13 , 19 55	, that I last sa	w the deceased
alive on July 13, 19.55	, and that death occurred	at 5:40PM, from the ca	auses and on the	date stated abo	ve.
BIGNATURE	. L.V.Maldv	e,M.D.; Deer ADD	Fead State	Rospital	DATE SIGNED
23. SORVAL CREMATION. I DATE THEREOF	M.D.	Salisbu	ry, Marylan	d	7/14/55
23. BORAL, CREMATION, DATE THEREOF 7-15-5	5 Cualon	CREMATORY BL	TO Marylan LOCATION (City, toy	Cety	(Steta)
24 REC'D BY REGISTRAR REGISTRAR'S SIGN.	1 /	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	5
DATE Aug. 24, 1955 Mary 9	. Holloway	HOVE	y Inive	er.	
	0				





20. AUTOPSY? Yes -

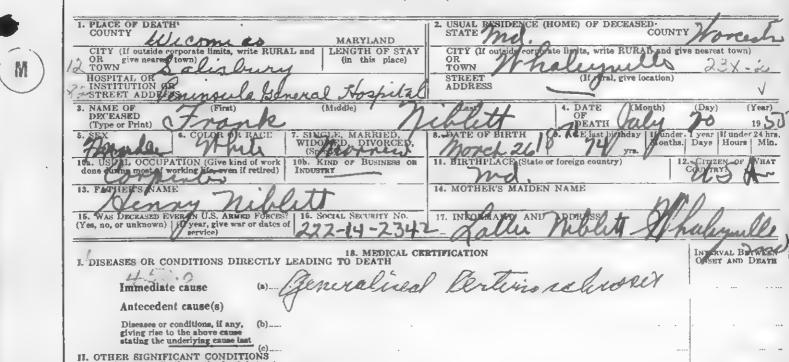
(STATE)

(COUNTY)

№ П

### **CERTIFICATE OF DEATH**

Reg. Dist. No. 332



Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, (Specify) office bidg., etc.) INJURY HOMICIDE

INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) Not While While at

INJURY Work At work [

22. I hereby certify that I attended the deceased from...... 1905, to 1955, that I last saw the deceased

alive on DATE SIGNED SIGNATURI

ETERY OR CREMATORY 24. FUN

(CITY OR TOWN)

HOW DID INJURY OCCUR?

MARGIN RESERVED FOR BINDING



BALTA NE

- m 2 . 15 1 i

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 72 15

	Reg. Dist. No
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICEMIED MARYLAND	STATE ARULAND COUNTY WICLMICO
CITY (If outside corporeta lymits, write RURAL   LENGTH OF STAY	CITY (N outside corporate limits, write RURAL and give nearest town)
OR and give nearest lown)  TOWN SALISBURY.  (in this place)	TOWN SALISBURY
HOSPITAL OR INSTITUTION OR	STREET (If rure) give location)
2 STREET ADDRESS PHINSULA GENERAL HOSDITAL	ADDRESS 415 BRAMby STREET
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) Win #!	ARSONS DEATH JULY 19 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE test birthday   IF UNDER 1 YEAR   IF UNDER 24 H
MALE White (Specify) July	19-1955. Yrs. Months Deys Hours Mir
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	BIRTHPLACE (State or foreign country)     12. CITIZEN OF WHAT COUNTRY?
retired)	Maryland. U.S. P.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Shel-Ton PARSONS	1 HeLen MARIE GRAU.
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS
(100, 110, Ot alix.) (I) 100, give well of beleful	Mes. Helen Dray, Splistury, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
8777/ X IMMEDIATE CAUSE (A)	lunch - hom. I have
ANTECEDENT CAUSE(S) DUE TO	1/ate Co
DISEASES OR CONDITIONS, IF ANY. (B)	7. 91
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT WAS INDEDIVING ET 1 215 BLACE IV I	YES NO Z
OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d, TIME OF INJURY (Month) [Day) (Yeer) (Hour) 21a, INJURY OCCURRED White Not while 4	211, HOW DID INJURY OCCUR?
M, et work L at work L	
22. I hereby certify that lattended the deceased from	2.2.19, to
alive on	2.10 A.M. from the causes and on the date stated above
SIGNATURE	ADDRESS (Street, city, town, stata)  DATE SIGNE
M. D.  23. BURIAL, CREMATION:   DATE THEREOF   NAME OF CEMETERY OR O	CREMATORY LOCATION (City, town, or county) (State)
CAS mation 7/20/55 Peninsula De	monal Unchital Sale from Man &
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 7-20-55 Mary W. Holloway	Teninsula General Hospital

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

after death.

executed within

M

ATTENDING PHYSICIAN OF HOPPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. 2

64





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7229

### CERTIFICATE OF DEATH

07916

	Reg. Dist. No. 332.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICEMICO MARYLAND	STATE MB COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL CENGTH OF STAY OR and give nevers flown) (In this place)	CITY (II outside corporate limits, write RURA), and give nearest lown) OR
X TOWN MARDELA 304125	TOWN MARDELAA X
HOSPITAL OR INSTITUTION OR	STREET (fi curel give location) ADDRESS
OD STREET ADDRESS SCHOOL ST	School ST
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yest)
(Type or Print) Amy ELIZABETH F	MILLIPS DEATH TURY 11 195
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE WIDOWED DIVORCED.	V-2/
1- W (Specify) OCT	20, 1865 89 yrs. Months Deys Hours
10e. USUAL OCCUPATION (Give kind of work dose during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY?
MOSE WIFE MOYE	mo 9.5
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM DARBY	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, grunk.) (Il Yes, give wer or detes of service)	MAS ALICE BEHNETT
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWE
	War and a 3 low
33/X IMMEDIATE CAUSE (A) CERTIFIC AND ADJUSTMENT CAUSE (E) DUE TO	- Distriction of
DISEASES OR CONDITIONS, IF ANY, (B)	chems !!
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	Part Mark Advisor Control of the Con
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	- duran 12
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY
170. MAJOR FINDINGS OF OPERATION	YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, lerm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M, I et work L at work L	11- VIII 61-
22. I hereby certify that I attended the deceased from	
alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	at
918 The Keep Vacan	ADDRESS (Street, city, town, state)  DATE SIG
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OF	CREMATORY LOCATION (City, lown, or county) (Ste
REMOVAL ISPECIFY) 7/13/56	Committee (City, town, or County) (316
DUICITY LIGHT AGISTRAN'S SIGNATURE	28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
A S S S S S S S S S S S S S S S S S S S	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE July 18, 1953 Mary N. Halloway	Tall Johnell Shuplium

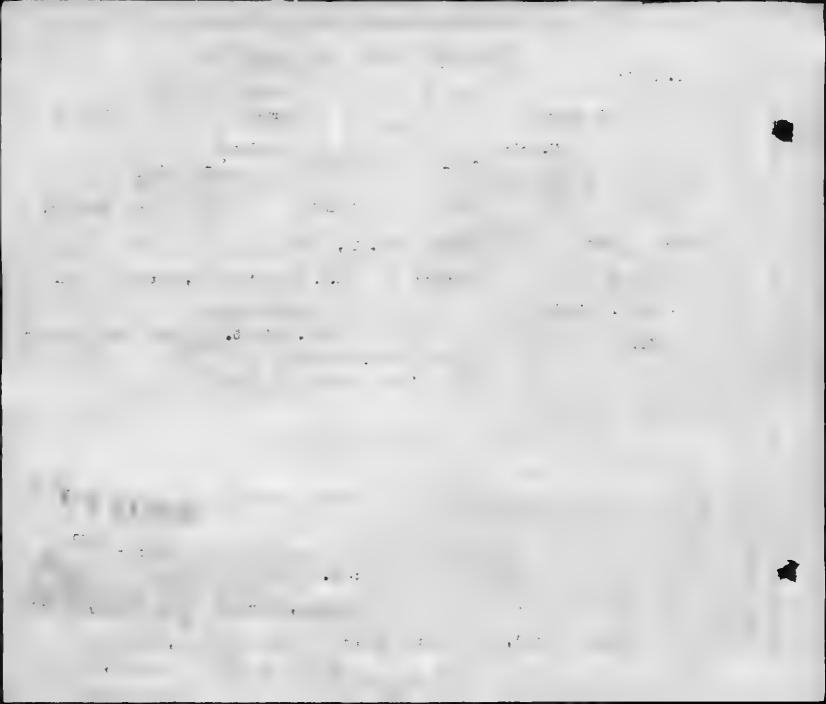
7230

Dr. Lewis

### CERTIFICATE OF DEATH

Reg. Dist. No...... 3.3.7

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY WICOM	ice	MARYLAND	STATE Maryl	and county	Wicomice
CITY (If outside corporete limits OR end give nearest town)	, write RURAL	LENGTH OF STAY	CITY (If outside con	porata limits, write-RURAL and giv	
	Willards	(ii) titis blacs)		lards in Wil	Lage x
HOSPITAL OR	zillan		STREET	(H rural give loce	ition)
	treet Addres	5	ADDRESS	street Address	
3. (Fin	•	(Middla)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) ROS	COE J.	AMES 1	ALL: TAS	DEATH JUL	y 28th ,55
S. SEX 6. COLOR OR	7. SINGLE, MARK		OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS
Male White	(Specity) Ma	rried Sent	16. 1902	52 yrs. 100	ths Days Hours Min.
10e. USUAL OCCUPATION (Give kin	d of work 10b, Kli	ND OF BUSINESS	II. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT
done during most of working lif		R INDUSTRY	2 n 4 244	teville .Margla	COUNTRY?
I3. FATHER'S NAME		2 44 44 4 14	14. MOTHER'S MAIDER		NAC DIES
James M. Phili	lips		Cleora 1	rumbley	
15. WAS DECEASED EVER IN U. S.		6. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	(141.0.\ W12.2
(Yes no, or unk.) (If Yes, give was	or detas of service)		Mrs. Alle	e B. Phillips	(Alie) Allteror
		18, MEDICAL CI	ERTIFICATION		ONSET AND DEATH
I DISEASES OR CONDITIONS DIREC	TILY LEADING TO DEATH		mana of	1.	ONSEI AND DEATH
136, / IMMEDIATE CAUSE	(A)	nevir care	morner 17.		6-1100
ANTECEDENT CAUSE(S			()		
DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LA	USE DUE TO		V		
AR OTHER CONTRACTOR CONTRACTOR	(C)				
11 OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	TO THE				f
DISEASE OR CONDITION CAUSING		05.0050471041			20. AUTOPSY?
194. DATE OF OPERATION	196. MAJOR FINBINGS		Carriani	. 10	YES NO
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH OF INJURY streety	e, farm, lactory,	21c. WHERE DID INJURY OCC		(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. TIME OF INJURY (Month) (D		. INJURY OCCURRED	1 21f. HOW DID INJURY OCC	CUR?	
Year-	Wh				
	M.   alv			0 1	
22. I hereby certify that	I attended the dece	ased from? 7/2	1955 , 10 7	18.5.7.1	nat I last saw the deceased
22. I hereby certify that alive on	I attended the dece	ased from 2 2	\$:30A. M, from the	causes and on the date	stated above.
22. I hereby certify that alive on	I attended the dece	ased from 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\$:30A. M, from the	causes and on the date DRESS (Street, city, town, stell	stated above.  DATE SIGNED
Frank de	I attended the dece	that death occurred	#:30A. M, from the AD Villards, Man	causes and on the date DRESS (Street, city, town, stet	stated above.  DATE SIGNED  JULY 195
Frank to 23. BURIAL CREMATION,	I attended the dece	d that death occurred	#:30A. M, from the AD Villards, Man	causes and on the date DRESS (Street, city, town, stet	stated above.  DATE SIGNED  JULY 195
alive on 2 8  JEANS  BURIAL, CREMATION, REMOVAL (SPECIFY)	I attended the dece	M, D,	Willards, Har	causes and on the date DRESS (Street, city, town, stet Yland LOCATION (City, town, or o	stated above.  DATE SIGNED  July 195  county) (State)



### CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME) OF DECEASE	D
COLUMN	icomico		STATE Mary	land COUNTY	Wicomico
COUNTY  CITY (if outside corporate	limits, write RURAL	LENGTH OF STAY	517/15	rporate limits, write RURAL and give no	
OR and give neerest toy		(in this place)	OR	Salisbury	12
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPT	ing Will Priv	ate Sanitarium	STREET ADDRESS	(if rural give location)  806 <b>Rast Isabells</b>	1
3. NAME OF	(First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print)	ALLIE	PLIZADETH	RUSSELL	DEATH July	15 th 19 5
S. SEX   6. COLOR	OR 7. SINGLE, MA WIDOWED,		OF BIRTH	9. AGE lest birthday IF UNDE	R I YEAR IF UNDER 24 F
Female Whit	(Specily)		1871	93 yrs. Months	Days Hours Mi
10a, USUAL OCCUPATION (GIV	a kind of work 10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or f	oreign country)   1	2. CITIZEN OF WHAT
done during most of working fettred) TOUSE W		OR INDUSTRY NODE	Queens Ann	County Maryland	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
John L. Si	huster		Tabitha B	rown	
15. WAS DECEASED EVER IN L	J. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS -	
(Yes, no, or unk.) (If Yas, give	war or deles of service)		Mrg. Hel	on T. Chandler-(Da	ughter) 411
No			Poplar	Hill Ave. Saliebu	THE RESERVE OF THE PARTY OF THE
E DISEASES OR CONDITIONS	DIRECTLY LEADING TO DEA	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
30116	P		sular le	1.1 4	Sudden
A MMEDIATE CAL	JSE (A)	remover	elucar a	ccletine	JA-CLOCKA C
ANTECEDENT CAL	ISE(S) DUE TO				
DISEASES OR CONDITIONS, E					
STATING UNDERLYING CAUSE	LAST, DUE TO				
-	(C)				
TO THE DEATH BUT NOT REL					1
DISEASE OR CONDITION CAL					
190. DATE OF OPERATION	196. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
					YES NO
21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CHEEK, NOTIFY MEDICAL EXA	DEATH OF INJURY strae	oma, farm, factory, it, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town) (Cou	nty) (Slata)
21d. TIME OF INJURY (Month)	ı V	la. INJURY OCCURRED  Vhila Not whila	2H. HOW DID INJURY OC	CUR?	
	M.   e	I work L at work L			
22. I hereby certify	that I attended the de	ceased from	, 19.4 C. , to	7/1.2	last saw the deceas
alive on	19. Д. Д а	nd that death occurred a	6:20P. M, from the	e causes and on the date state	ed above.
SIGNATURE /	20			DRESS (Streat, city, town, stata)	DATE SIGN
74 46 BY 1	MANIAN	00 M.D.	outh Division	st Salisbury, Md.	July / (, 1
23. BURIAL, CREMATION,	BATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, Iown, or count	
REMOVAL (SPECIFY)	4/	E 01. 1			
Burial	Puly 18, 195	5   Chester Cen	ATATV	Chestertown, Ms	ryland
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATU	IRE	25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS MARYLAND

, C. III

registrar within 72 hours after death. After this by the funeral director, the third copy of this

the r

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

V\$ A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PAYSICIAN

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07919

# 72 '9 CERTIFICATE OF DEATH

1. PLACE OF DEATH			La lieuri		leg. Dis		12.224 **	
				NCE (HOME) OF	-			
соимту Wicomico	MARYL	AND	STATE Mary			chest		
CITY (if outside corporate limits, write RURAL OR end give neerest town)	LENGTH O	F STAY leca)	OR TT	porate limits, write RURAL	end give na	erest fown)		
/ Salisbury	27 0	lays	TOWN HUI	rlock		0	9x.	700
HOSPITAL OR INSTITUTION OR Deer Is Head :	State Hospit	a <b>l</b>	STREET ADDRESS	(If rure) g	ive (ocation)			
3. NAME OF (First)	(Middle)		(Lesi)	4. DATE (Mo	ask)	(Day)	(Yea	V
(Type or Print) Sylvia			mith	OF DEATH		22	195	í.
5. SEX 1 6 COLOR OR 7. SING	GLE, MARRIED,	8. DATE	OF BIRTH	9. AGE last birthday	IF UNDE	R 1 YEAR	IF UNDER	24 HR
,	owed, divokced, sity) Single		2/1922	33 уп.	Months	Days	Hours	Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINES OR INDUSTRY	S	11. BIRTHPLACE (State or fo.	reign country)	1.1	2. CIT ZE COUN	N OF WHA	AT
retired) Unknown	Unknown		Washington	, D. C.		703	A	
13, FATHER'S NAME	/		14. MOTHER'S MAIDEN	NAME				
James C. Smith			Beatrice I					
15. WAS DECEASED EVER IN U. S. ARMED FORCES		URITY NO.	17, INFORMANT &	ADDRESS				
(Yas, no, or unk.) (If Yes, give war or deles of serv	Unk.		Hos	pital record	S			
	18. ME	DICAL CE	RTIFICATION				RVAL BETV	
I DISEASES OR CONDITIONS DIRECTLY LEADING T						ONS	ET AND D	EATH
17/X IMMEDIATE CAUSE (A)	Generaliz	ed car	cinomatosis					
ANTECEDENT CAUSE(S) DUE TO	C	23 0		. de a suid		1		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	oquamous	cerr c	a. of cervix u	rent			year	
STATING UNDERLYING CAUSE LAST. DUE TO								
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						_		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Secondary	anemi	2				?	
19a, DATE OF OPERATION - 19b, MAJOR	FINDINGS OF OPERATION	N				20 YES	. AUTOPS	Y ?
216 ACCIDENT WAS UNDERLYING   216. PL OR CONTRIBUTING   CAUSE OF DEATH OF INJU (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Homa, farm, fector RY street, office bldg., etc	y,	21c. WHERE DID INJURY OCC	UR? (City or fown)	(Cou	nty)	(Sleta	)
21d. TIME OF INJURY (Month) (Day) (Year) (H	While - No	t while	21f. HOW DID INJURY OCC	UR?				
		work L		3 00 55				
22. I hereby certify that I attended to	he deceased from	une 27	, 19 کے ., toا	11y 22 19.55	, that I	last sav	v the dec	cease
alive on July 22 , 1955	y, and that death	occurred a	it. 2:25P.M, from the	causes and on the	date state	ed above	8,	
SIGNATURE /	11.						DATE SI	GNE
J.V. VICA	ulle	M.D	laldve.M.D. API Leer's Head Salisbury.	Jotabe nospi	TST	7	/23/9	55
23. BURIAL, CREMATION, DATE THEREOF	AME OF	CEMETERY OF	CREMATORY	LOCATION (City, toy	vn, of count	γÌ	(5	State)
Varial 1/261	55 Vine	elen Th	Mayer Cameta	- UCaste	may 9	52-	12	~
24. REC'D BY REGISTRAR REGISTRAR'S S	IGNATURE		25. FUNERAL DIRECTOR	SIGNATURE	/-	ADDRESS	-1	2/
DATE 7/27/55 Mary	It follow	ory B	Horen of	Couch	_5	1/2	11.	110
		0/-	/	u	Lash	winte	my	0,0

S'A' I THE

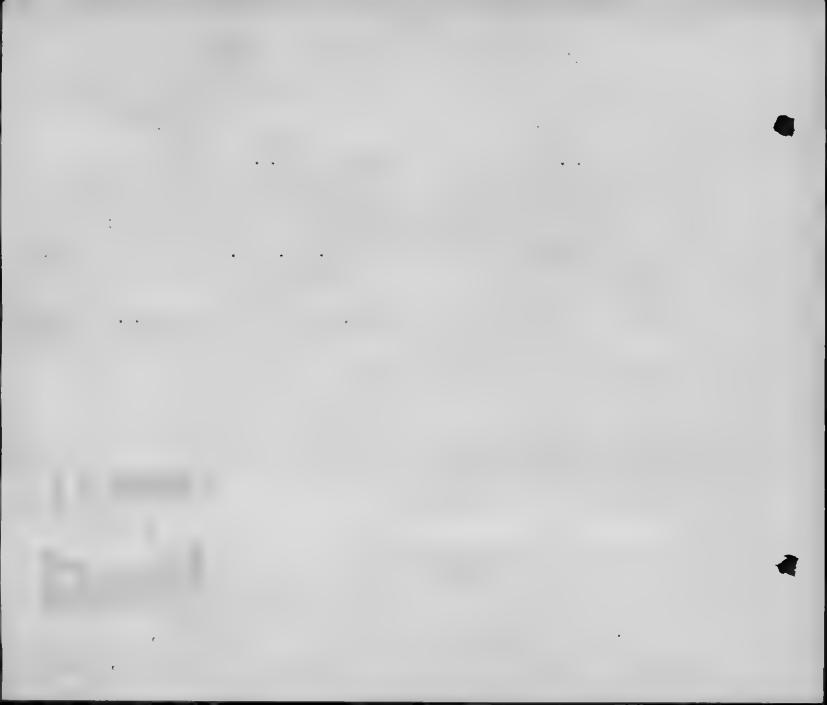
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

#### MEDICAL EXAMINER'S CERTIFICATE DEATH

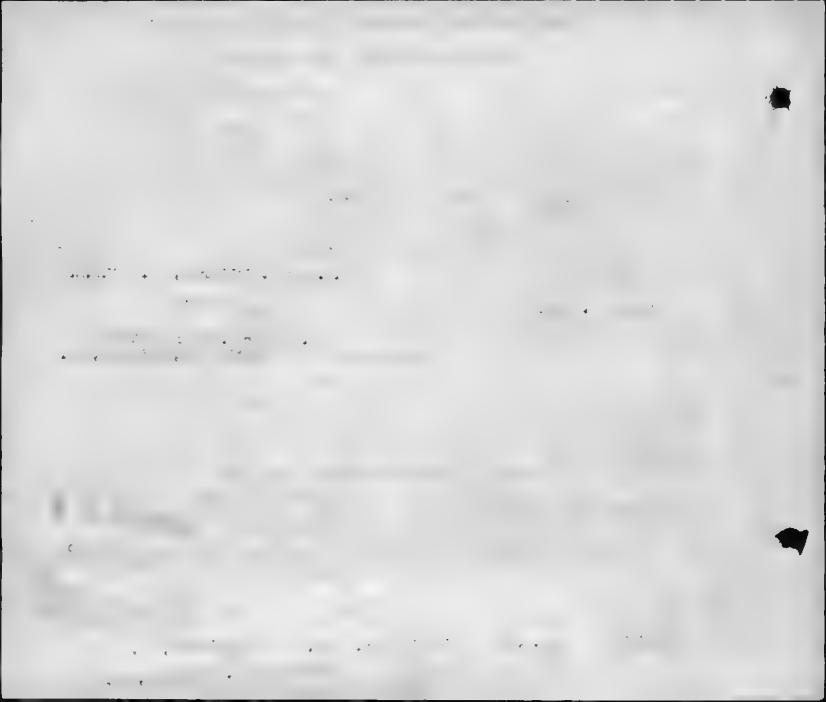
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Wicomico STATE Maryland Wicomico COUNTY COUNTY MARYLAND carefully. CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town)
TOWN (in this place) 0R Salisbury TOWN Salisbury STREET HOSPITAL OR (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS R.D. of information f death clearly (Middie) (Last) 4. DATE 3. NAME OF (First) (Month) (Day) (Year) DECEASED: OF LINDA MAE STEVENS JULY 18 tb 19 55 (Type or Print) DEATH 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR 9. AGE last birthday: i IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, Menths] Hours ! May 28, 1955 Pausle (Specify): Baby | II. BIRTHPLACE (State or foreign country) : 10b. KIND OF BUSINESS OR INDUSTRY: None 12. CITIZEN OF WILAT 10a. USUAL OCCUPATION (Give kind of ly every item of work done during most of work life, even if retired): COUNTRY Pen. Sen. Mosp. Salisbury Md 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Merman Stevens Thelms Pennewell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Mrs. Thelma Stevens (Mother) R.D. # 4 Salisbury service) Supply Maryland 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a)..... Immediate cause DUE TO ථ Antecedent cause(s) (b) ..... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: , 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🗍 No 📑 21c. (City or town) (County) (State) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. OF street, office bldg., etc., 21f. HOW DID INJURY OCCUR? 21c. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hour) While at Not while INJURY at work work [ 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause . RITI CHIEF MEDICAL EXAMINER SIGNATURE: DATE SIGNED DEPUTY MEDICAL EXAMINER W ASSISTANT MEDICAL EXAM. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, DATE THIREOF LOCATION (City, town, or county) (State) REMOVAL (Specify) : PLEAS Friendship Cemetery Near Pittsville. Maryland July 20t 1955 Buriel 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL 1 REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY, MARYLAND

MARGIN



BURINE V.

cial & DAV



7211

this this

copy

third cop

registrar within T. I hours after by the fumed director, the thi

£ :=

TO FUNERAL DIRECTO ... The law requirem that the Beath certificate has been executed by the attending physician and completely filled death certifical assembly should be detacted for use as a limital transit permit.

The bottom comy may he retained by the haspital attending physician.

HYSICIAN

burs after death.

( \_\_\_\_\_)
xecuted within 3

ficale be

The Impression that the death

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

							regi bi	1400	7 . 7
1. PLACE O						ENCE (HOME) OF			
COUNTY	Wicomice		MARYL		STATE MARYL	and count	, Wico	nice	
CITY (If ou	rtsida corporate limits, wi riya ngarest town)	ite RURAL	LENGTH C		CITY (If outside co	orporate limits, write RURA	L end give n	sarest fown)	
12 TOWN	Salasbury		4 W		TOWN S	alisbury			1.
HOSPITAL O	O8	la Genera	l Hospit	al	STREET ADDRESS 21	5 E. Isabell	giva location	)	/
3. NAME OF			(Middle)		(Last)	4. DATE	Aonth)	(Day)	(Year)
(Type or Print		Di	UKES	THO	RNTON	OF DEATH	7	17	155
S. SEX	6. COLOR OR	7. SINGLE, MA	RRIED,	8. DATE C	OF BIRTH	9. AGE last birthday	I IF UND	ER 1 YEAR	IF UNDER 24 H
Female	White	WIDOWED, (Specify M.D.			22, 1883	72 yr	Months s.	Days	Hours Mir
dona during	UPATION (Give kind of most of working life, e	ven H	KIND OF BUSINES OR INDUSTRY WITH HOME	SS	11. BIRTHPLACE (State or F	oreign country)		12. CITIZEI COUN	S. A.
13. FATHER'S NA					14. MOTHER'S MAIDE	N NAME			
	Jeseph G				Gertrud	Elizabeth	Davis		
	SED EVER IN U. S. ARA		16. SOCIAL SEC	URITY NO.	17. INFORMANT	& ADDRESS			-
(Yaz, MO or unk.)	(If Yes, give war or o	sales of resolves)	NONE		William	T. Thornton	sr.	58	ime
170 ) IM	CONDITIONS DIRECTLY  AMEDIATE CAUSE  FECEDENT CAUSE(S)  ONDITIONS, IF ANY,  THE ABOVE CAUSE LIVING CAUSE LAST.	(A) DUE TO (B) DUE TO	Ecra	in a	Thust,	lett.		6	cand DEATH
II OTHER SIGNIFITO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO ONDITION CAUSING DE	THE	S OF OPERATIO	N		V		20	. AUTOPSÝ?
21- ACCIOCNIX II	MAE INDEDIVING ET	T 40 21 455 01						YES	□ NO X
OR CONTRIBUTING	WAS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	OF INJURY strae	oma, farm, factor t, offica bldg., ato	r.)	21c. WHERE DID INJURY OC		(Co	unty)	(State)
21d. TIME OF INJ	URY (Month) (Day)	W		URRED work	21f. HOW DID INJURY OC	CUR?			
alive on	Willi	ittended the dec	that death	M.D.	Salst-	DRESS (Street, city, to	date state	ed above	e. Pate signe
REMOYEUR	TATE 7	/19/1955	Gra	ce Ceme		Pittsvil		laryla	and (Stata)
24. REC'D BY RE	GISTRAR REG	STRAR'S SIGNATU	RE O	/	25. FUNERAL DIRECTOR	S SIGNATURE	Cal-	ADDRESS	r Md

Bury 42



INSTRUCTIONS

I

			2. USUAL RES	DENCE (HOME) OF D	ECEASED	
Vicomico						
Salisbu	LENG (in		TOWN Sa		and give nearest tow	12
			STREET ADDRESS 36		(ve focetion)	*
irst)	(Middle)	N	(last) TINGLE	OF		
W	IDOWED, DIVORCED,	Asset		9. AGE last birthday	F UNDER 1 YEAR Months Days	R IF UNDER 24 HRS
Giva kind of work rking life, even if	106. KIND OF BU OR INDUSTR	SINESS	11. BIRTHPLACE (Stele o	- '	12. CITI	ZEN OF WHAT
	ervice)		Mr. Gar	land D. Tingl Salisbury, M	e (Husband aryland	) Belmont
S DIRECTLY LEADING	S TO DEATH	MEDICAL CI	RTIFICATION	12 .2/2		TERVAL BETWEEN
AUSE (A)	the	rout	alony ,	frott og	har .	
VO [2]	· Part	n	that 7-	En Ser	anti	(^)
VE CAUSE USE LAST, DUE TO	Par	thing	e a leso	v. Le		
DITIONS CONTRIBUTI	ING					
	OR FINDINGS OF OPER	ATION				20. AUTOPSY?
OF DEATH OF IN	PLACE (Home, farm, JURY street, office bld	factory, g., efc.)	21c. WHERE DID INJURY C	OCCUR? (Cily or lown)	(County)	(State)
	While	Not while	21f. HOW DID INJURY C	OCCUR?	the section will be a section of the	
v that 1 attended			1/ 19.5 10	July 23 19 5	7 that I last s	aw the deceased
2.3, 19.57	and that d	eath occurred	at	he causes and on the	date stated abo	ove.
vary /5	The	utton		•		DATE SIGNED
	OF NAM					(Stela)
	6,1955 Pa	rsons Ce	L 25. FUNERAL DIRECT	Salisbur	y. Maryla	nd
	Perio Geno  Trest  TILE  OR OR 7. St.  TILE  OF OR OR 7. St.  TILE  TILE  OF OR OR 7. St.  TILE  TILE	Peris Gens Hospital  (in Salisbury  Peris Gens Hospital  (in Salisbury  Peris Gens Hospital  (in Middle)  (in Middle	Comico   Maryland   Length of Stay (in this place)	SICOMICO  MARYLAND  STATEMETY  STATEMETY  LENGTH OF STAY (in this place)  STREET ADORESS  OR  Peris Gen. Hospital  TINGLE  DR OR  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married  Grava kind of work king life, even if Ork  LECOLI  N. U. S. ARMED FORCES? (IN US war or dates of service)  SIRECTLY LEADING TO DEATH  AUSE  AUSE  (A)  AUSE  (A)  AUSE  (A)  AUSE  (A)  AUSE  (A)  AUSE  (B)  AUSE  (C)  DITIONS CONTRIBUTING  REYING   (C)  DITIONS   STREET  ADORESS    STREET  ADORESS    STREET  ADORESS    ILENGTH    REYING   (C)  DITIONS  STREET  ADORESS    STREET  ADORESS    STREET  ADORESS    STREET  ADORESS    STREET  ADORESS     STREET  ADORESS    STREET  ADORESS    STREET  ADORESS    STREET  ADORESS    STREET  ADORESS   STREET  ADORESS   STREET  ADORESS   STREET  ADORESS   STREET  ADORESS   STREET  ADORESS    II. BIRTHPLACE (Stelle   II. BIRTHPLACE (Stelle   II. BIRTHPLACE (Stell	2. USUAL RESIDENCE (HOME) OF DISTAY (In this place)   STATEMATY   2. USUAL RESIDENCE (HOME) OF DISTAY (In this place)   STATEMATY   2. USUAL RESIDENCE (HOME) OF DISTAY (In this place)   CITY (If outside corporate limits, write RURAL TOWN Salisbury   STREET (If rurel grand DATE (Moddle)   STREET (If rurel grand DATE	County   C

1 1 3 s 3. : 53

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7219

1. PLACE OF DEATH

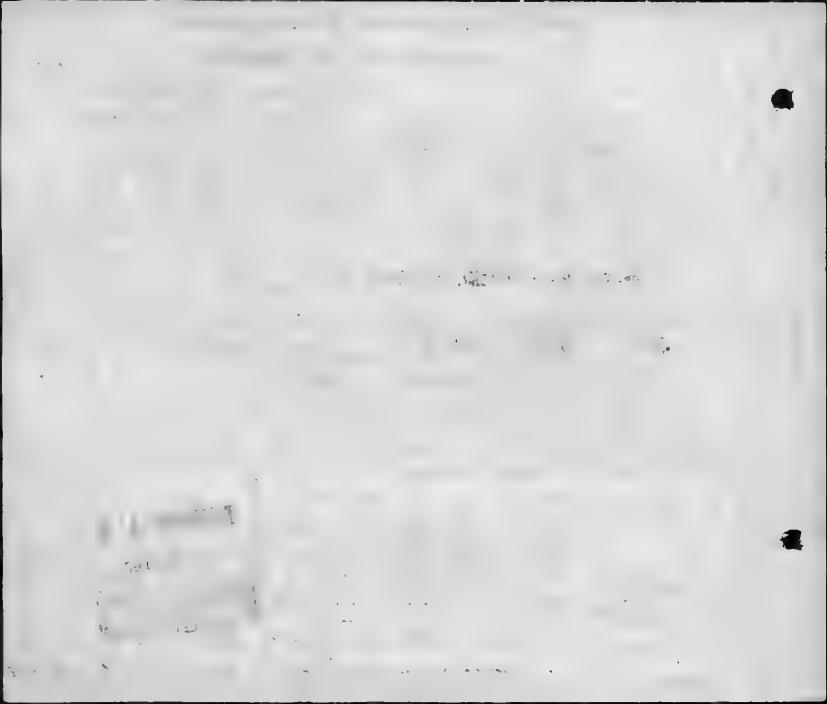
# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

332

Reg. Dist. No.

COUNTY Wicomico	MARYLAND	state Maryla		Baltimo	
CITY (It outside corporate limits, write RURAL OR end give nearest fown)  Town Salisbury	(in this plece)  3 years	Town Caton	orete limits, write RURAL et SVILLE	٥	vn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State	Hospital	ADDRESS 315 I	ngleside Ave	emue	V
3. NAME OF (rest) (AURENCE ALI	Addie) LEN <b>T</b> RI	(LON) [PLETT	4. DATE (Mon OF DEATH J		(Yeer) 19 55
5. SEX 6. COLOR OR RACE RACE WIDOWED, DIV	ADCED .	F BIRTH 9/1909	9. AGE lest birthday  46 yrs.	Months Days	
	CXLTUYE	Soldiers De	light		IZEN OF WHAT UNTRY?
Horace E. Triplett		B. Nett	ie Dell		
15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, np. opuet.) (If Yes, give wer or dates of service)	YONE		records		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	co-intestinal			0	2 hrs.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, DUE TO (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE POST	nageal varicos	sities c Parkinson's	disease		?
DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION				20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINER)		TIE, WHERE DID INJURY OCCU	PR? (Cily or lown)	(County)	(State)
M, et wo	Not while et work	211. HOW DID INJURY OCCU			
22. I hereby certify that I attended the decear alive on July 16	that death occurred at.  R. J. Gore, J. M. D.  NAME OF CEMETERY OR	9:55AM, from the ADD M.D.; Deer's l	causes and on the cores (Street, clry, town tead State Hary I and	date stated about n, state) ospital	taw the deceased ove.  DATE SIGNED  (State)
23. BURIAL, AREMATION, REMOVAL (SPECIFY)  24. REC'D BY REGISTRAR  DATE 7-17-55  REGISTRAR'S SIGNATURE  Control of the control	Wards	S. FUNERAL DIRECTOR'S BUILD A	Baltin	ou C	2. mil.



t " " . 90° 8 8 , 1 11 - NETRUCTIONS

7214

# CERTIFICATE OF DEATH

Reg. Dist. No.3322

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY Wicomice	MARYLAND	STATEMarylan	COUNTY WHO	ment on
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (# outfide corpo	orata limits, write RURAL and gi	ve nearest town)
OR and give neerest town)	(in this place)	OR TOWN		./
HOSPITAL OR	1 Yrs	Pithte		У
INSTITUTION OR		STREET ADDRESS	(if rural giva loc	ation)
STREET ADDRESS Ocean City Bat				
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
DECEASED (Typa or Print) MARY	FLORENCE	TRITTT	DEATH P	1 19 55
5. SEX 6. COLOR OR 7. SINGI	E. MARRIED, B. DATE	OF BIRTH	9. AGE last birthday IF I	UNDER 1 YEAR JIF UNDER Z4 HRS.
/Spac	OWED, DIVORCED,			onths Days Hours Min.
Female White	Widowed Dec 1	1. 1871	83 yrs.	Las citato of unitar
done during most of working life, even ti	OR INDUSTRY			12. CITIZEN OF WHAT
retired) House Wife	Own Home	Mary land		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Mathet Tingle		Masse		
15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT,&	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service	(a)			
No	None	Mrs. J.	Morris Jones	Same
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	16. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
111128	Thursday, and the	00 5 0 do 1846		2 11000
44 MANEDIATE CAUSE (A)	The state of the state of the	STATE OF THE PARTY		A-gears_
ANTECEDENT CAUSE(S) DUE TO	1 / sekantana / Pan			- sens
DISEASES OR CONDITIONS, IF ANY, (B)	Hara Marie	70		3 4
STATING UNDERLYING CAUSE LAST. DUE TO	09/100 12 0-0	. 2.		
(C)	CHILLIAN PROPER	in the		Susa.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH,				//
190. DATE OF OPERATION 196. MAJOR I	FINDINGS OF OPERATION	*		20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING   216. PLA OR CONTRIBUTING   CAUSE OF DEATH   OF INJUR	CE (Home, farm, factory, LY street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or fown)	(County) (State)
(IF E THER, NOTIFY MEDICAL EXAMINER)	sieel, dince blog., etc.)			
21d. TIME OF INJURY (Month) (Day) (Yeer) (Ho		211. HOW DID INJURY OCCU	R?	
,	A. at work at work		_	
	1050	17	1	
22. I hereby certify that I attended the		, 19, to. £	f	that I last saw the deceased
alive on	, and that death occurred a	t.///	causes and on the date	stated above.
BIGHATURE		ADD	RESS (Streat Stity, town, ste	DATE SIGNED
- Hayl I Dew	M.D.	MIKERAL	mon.	7-2-55,
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)	Time Charach	Comphany		
Burial 17/3/55	Line Chruch		Wicomice Co.	
	( 1 ( W D;	25. FUNERAL DIRECTOR'S		ADDRESS
DATE Was	4 V. Tollinum	The Hill & Jo	hnson Co. Sali	isbury, Md.
7		1/2	remant, Bal	ber -



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

MEDICAL.	TYAMINED'S	CERTIFICATE	OR	TOTAL A PINET	. 22:
WEDICAL	EXAMILINER'S	CERTIFICATE	Ur	DEATH	No. 321

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wicomico MARYLAND	STATE Md. COUNTY WORLSTER
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Peninsula General Hospital	North 14th St.
J. NAME OF (First) (Middle) DECEASED: (Type or Print) Weyl	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 7 10 19 55
	TE OF BIRTII: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS 49/19
10a. USUAL OCCUPATION Give kind of work done during most of work life, even if retired):	OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WIIA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Muknown	Unknow
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	Bob Ching, Ocean City, Md
18. MEDIO	CAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEE
954X Can Diag Ru	est- lardine Objaquela 2 hours
Immediate tause (a)	
Antecedent cause(s)	00
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO	
stating underlying cause last (c)	<u> </u>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	of Woee- hishair of him
7-9-5 (9 Pm) Freduction:	Yes No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [ OF street of co bldg of cause of Death Injury	a comment
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while, INJURY 7 9 55 3P M. work at work X	
	ibed above, held an Autopsy XI, Inspection X, Inquiry X, an
A	ident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CALL VANCE	M. D. ASSISTANT MEDICAL EXAMINER 7-11-55
22 RURIAL CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): 7-13-55 Evergreen	Cometery Berlin, Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'T - 14-53 Mary W. Holloway	anna a. Burbage Berlin Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

d

VS. A15A - 5 - 53

108° - ---

NSTRUCTIONS

7219

# CERTIFICATE OF DEATH

Reg. Dist. No. 332

I PEACE OF BERTH	Z, OBURL RESIDENCE (NOME) OF DECEASED	
COUNTY Wicomico MARYLAND	STATE Jaryland COUNTY Vicomico	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) [In this piece)	CITY (If outside corporate limits, write RURAL and give nearest fown) OR	
2 TOWN Salisbury 5 wks	TÔWN Salisbury	
HOSPITAL OR	STREET (N rurel give location)	-2
INSTITUTION OR	ADDRESS FIZ Dance Chancet	
. I enineura General nosoltat	513 Race Street	-
3. NAME OF (first) (Middle) DECEASED	(Lest) 4. DATE [Month] (Dey) (Yes	r)
(Type or Print) Maggie	ashburn Death July 3	55
5. SEX 6. COLOR OR II. SINGLE, MARRIED, 8, DATE (	OF BIRTH 9. AGE fast blithday IF UNDER 1 YEAR IF UNDER	
(Specify)	5.1903 52 ym. Months Deyn Hours	Min.
100. USUAL OCCUPATION (G.va kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (Stale or loraign country)   12. CITIZEN OF WH.	AT
done during most of working life, even if OR INDUSTRY	COUNTRY?	
none go nome	Delaware U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James H. Parsons	Amanda Bailev	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 513 Race St	ro.
(Yes, no, or unk.) (Il Yes, give war or detes of service) none		70
18. MEDICAL CEI	LITS. Mary A. Myers Salisbury	VEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D	
ES 1. () IMMEDIATE CAUSE (A) Cardine	Sucultioner.	
	· 18	
DISEASES OR CONDITIONS, IF ANY, (B)	es Free Huso.	
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO	ore Fine	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION (19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y ?
	YES NO	
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, Jectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while	21. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from	2719 5 to Suly 3 195 3 that I last saw the de	'ease
/ h		
SIGNATURE	ADDRESS (Street, city, town, state) DATE ST	GNE
months In the	- 1 - P. Out 11 -	
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or kounty) (S	د ذ
REMOVAL (SPECIFY)		10101
Burial 6 July 1955 Parsons C	emetery Salisbury, Laryland	
	7	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DISECTOR'S SIGNATURE ADDRESS	5

Manife to 1

the registrar within 72 hours after death. After this in by the fuzers Erector, the third copy of this

M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07233

7220

## CERTIFICATE OF DEATH

The state of the s			Reg. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE (H	OME) OF DECEASED
COUNTY WICOMICO	MARYLAND	STATE Maryland	COUNTY Wicomico
CITY (if outside corporeta limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this piece)	OR	, write RURAL end give nearest town)
2 TOWN Salisbu	ry	TOWN Salisbur	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give location)
STREET ADDRESS Pon. Gon.	Hospital	R.D. #	2 Pacific Ave.
3. NAME OF (First) DECEASED	(Middle)		DATE (Month) (Dey) (Yeer
(Type or Print)	MAE	WHITE	DEATH JULY 24 th 19
RACE WIDO	LE, MARRIED, 8. DATE DWED, DIVORCED,	OF BIRTH 9. AGE	lest birthdey   IF UNDER 1 YEAR   IF UNDER 1 Months   Days   Hours
Fenale White Spec	ea I	17. 1902	2 yrs. Months Days Hours
IDe, USUAL OCCUPATION (G'va kind of work done during most of working life, even if	106. KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or loreign countr	y) 12. CITIZEN OF WHA
retired) House Work	at Home	Salisbury, Maryla	nd USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Milbourne Smith		Imma Jane Fosk	• <b>y</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES		Mr. George F.	White (Husband) 409
(Yes, no, or unit.) (If Yes, give war or datas of service No.	cel	Elizabeth St.	Salisbury, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CE	RTIFICATION	INTERVAL BETW
13/4			about 10
PHC TO	Metastatic care	Lnoma	
DISEASES OR CONDITIONS, IF ANY, (B)	Epithelioma of	vulva with metasbasi	to 7/24/
STATING UNDERLYING CAUSE LAST. DUE TO			
STATING UNDERLYING CAUSE LAST, OUE TO			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19 DATE OF OPERATON. 19 Jb. MAJOR I	ENDINGS OF OPERATION		20. AUTOPS)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190 DATE OF OPERATON.	FINDINGS OF OPERATION rmoid carcinoma w	ith metastases	20. AUTOPS) YES NO
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190 PATE OF OPERAT ON  190 MAJOR 6  210. ACCIDENT WAS UNDERLYING 1 21b. PLA	FINDINGS OF OPERATION  TMOID CATCINOMA W  ACE (Home, Jerm, fectory,  RY straet, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City	YES NO
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, DUE TO (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19 DATE 96 OPERAL ON 195 MAJOR 1  210. ACCIDENT WAS UNDERLYING 1216. PLA OR CONTRIBUTING CAUSE OF DEATH OF INJURE	FINDINGS OF OPERATION  TMOID CATCINOMA W  ACE (Home, Jerm, fectory,  RY straet, office bidg., etc.)		YES NO
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  198 DATE OF PERALON 1/5 196 MAJOR & DOI 1/4 1/2 11/1/5 196 MAJOR & PICTURE OF PERALON 1/5 196 MAJOR & PICTURE OF PICTURE OF PERALON 1/5 196 MAJOR & PICTURE OF PICTURE	FINDINGS OF OPERATION  TMOID CATCINOMA W  ACE (Home, Jerm, fectory,  RY straet, office bldg., etc.)  Surj 21e. NJURY OCCURRED  While Not while  M. at work at work	21c. WHERE DID INJURY OCCUR? (City 21f. HOW DID INJURY OCCUR?	YES NO or lown) (County) (State)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT CAUSING DEATH  190 DATE OF OPERATION 195 MAJOR 1	FINDINGS OF OPERATION  rmoid carcinoma w  ACE (Home, Jerm, tectory,  YY straet, office bidg., etc.)  Puri 219. NJURY OCCURRED  While Not white  at work at work 10/19	216. WHERE DID INJURY OCCUR? (CRIY)  216. HOW DID INJURY OCCUR?	or lown) (County) (State)
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OC)  IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190 PATE OF PERALON 190 MAJOR 1 191 M	FINDINGS OF OPERATION  rmoid carcinoma w  ACE (Home, Jerm, tectory,  YY straet, office bidg., etc.)  Puri 219. NJURY OCCURRED  While Not white  at work at work 10/19	216. WHERE DID INJURY OCCUR? (CHY 216. HOW DID INJURY OCCUR?  51. 19	or lown) (County) (State), 19, that I last saw the decord on the date stated above.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190 DATE OF PERALON 190 MAJOR 1 191 MAJOR 1 192 MAJOR 1 193 MAJOR 1 193 MAJOR 1 194 MAJOR 1 195 MAJOR 1 195 MAJOR 1 195 MAJOR 1 196 MAJOR 1 196 MAJOR 1 197 MAJOR 1 198 MAJOR 1 198 MAJOR 1 199 MAJOR 1 1	FINDINGS OF OPERATION  rmoid carcinoma w  ACE (Home, Jerm, tectory,  YY straet, office bidg., etc.)  Puri 219. NJURY OCCURRED  While Not white  at work at work 10/19	216. WHERE DID INJURY OCCUR? (CHY 216. HOW DID INJURY OCCUR?  51 19 19 10 7/24/55  4:55Pe M, from the causes a ADDRESS	or lown) (County) (State) , 19 that I last saw the decord on the date stated above.  Street, city, town, state) DATE 886
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19. DATE OF PERAL ON 1/5 19. MAJOR IN 19. DATE OF PERAL ON 19. MAJOR IN 19. DATE OF PERAL ON 19. MAJOR IN 19. DATE OF PERAL OF INJURY (MONTH) (Day) (Yeer) (HO AMOUNT OF INJURY (MONTH) (MONTH) (HO AMOUNT OF INJURY (MONTH) (MON	FINDINGS OF OPERATION  rmoid carcinoma with the car	216. WHERE DID INJURY OCCUR?  216. HOW DID INJURY OCCUR?  217. 19 to 7/21/55.  4:55P. M, from the causes a Address Maryland Ave. Salis	or lown) (County) (State) , 19, that I last saw the decord on the date stated above.  Straet, city, town, state) DATE Str
GIVING RISE TO THE ABOVE CAUSE DUE TO (C)  18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  19. DATE 9E OPERATION   195 MAJOR I DISEASE OR CONDITION CAUSING DEATH OF INJURY   21b. PLA OF INJURY (Month) (Day) (Yeer) (Howard of Injury of Injury (Month) (Day) (Yeer) (Howard of Injury of Injury of Injury of Injury (Yeer) (Howard of Injury o	FINDINGS OF OPERATION  rmoid carcinoma with the control of carcinoma with the carcinoma w	21c. WHERE DID INJURY OCCUR? (CRIY 21f. HOW DID INJURY OCCUR?  51. 19 to 7/21/55.  4:55P.M, from the causes and address and address and address and address to a company and are. Salis	or lown) (County) (State) , 19 that I last saw the decord on the date stated above.  Street, city, town, state) DATE 886
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190 DATE OF PERAT ON 190 MAJOR I 190 MAJOR I 190 MAJOR I 191 MAJOR I 192 MAJOR I 193 MAJOR I 193 MAJOR I 194 MAJOR I 195 MAJOR I 195 MAJOR I 196 MAJOR I 197 MAJOR I 198 MAJOR	FINDINGS OF OPERATION  rmoid carcinoma with the car	21c. WHERE DID INJURY OCCUR? (City 21f. HOW DID INJURY OCCUR?)  21f. HOW DID INJURY OCCUR?  51. 19	or lown) (County) (Stete) , 19, that I last saw the decord on the date stated above. (Straet, city, town, stete) DATE Storet, City, town, or county) (Signatury, Maryland, Ma
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  ET OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  190 DATE OF OPERAL ON 1/5 1195 MAJOR 11  210. ACCIDENT WAS UNDERLYING 1195 MAJOR 12  210. ACCIDENT WAS UNDERLYING 1195 MAJOR 12  211. PLA OF INJURY (Month) (Day) (Yeer) (Ho  22. I hereby certify that 1 attended the alive on 1990 MAJOR 1990 MAJO	FINDINGS OF OPERATION  rmoid carcinoma with the car	21c. WHERE DID INJURY OCCUR? (City) 21f. HOW DID INJURY OCCUR?  51. 19 to 7/21/55.  4:55Pe.M, from the causes a Address of Address o	or lown) (County) (State) , 19, that I last saw the decord on the date stated above.  Straet, city, town, state) DATE store, city, town, state)  Bury Maryland July J  ITON (City, town, or county) (State)  aliabury Maryland

ccer

A DUDUOR C,

REGISTRA

TA CAMPAGE

S-301 3

The correct

carefully. The

n of information of death clearly

Supply every item write the causes o

UNFADING INK. Physicians: please

WRITE PLAINLY, WITH age is especially important.

SE

PLEA

MARGIN RESERVED FOR BINDING

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

MINDIONE BY	MILITER O CERT	TITIOATE OF DEAT	II. No.
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Wicomico	MARYLAND	STATE Md. COUNTY Wic	omico
CITY (If outside corporate limits, OR and give nearest town)	write RURAL   LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURA OR TOWN Mardela	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R F D	1	STREET (If rural, give local ADDRESS R F D # 1	ation)
3. NAME OF (First)	(Middle)	(Last) , 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Julia	Alenia	Wilson OF DEATH 7-	19- 19 55
5. SEX:   6. COLOR OR RACE:	7. SINGLE, MARRIED. 8. DATE	OF BIRTH:   9. AGE last birthday:   IF UN	DER I YEAR   IF UNDER 24 HRS
F RACE:	WIDOWED, DIVORCED, (Specky): Divorced	6-9-1917 38 yrs. Mont	hs Days Hours Min.
10a. USUAL OCCUPATION (Give work done during most of wo even if retired): Toucher	rk life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country)	COUNTRY?
Teacher	School School	Mardela Springs	U. S. A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Robert Horsey		Addie Jefferson	
15. WAS DECEASED EVER IN U.S. ARMI (Yes, no, or unk.) (If Yes, give war or	r dates of	17. INFORMANT & ADDRESS:	
/ Unk service)	213-22-6311	Mrs. Annie M. Waller, Mardels	a, Md.
	18. MEDICA	AL CERTIFICATION	1 -
I. DISEASES OR CONDITIONS DIR			ONERT AND DEATH
Immédiate cause	(a)Metastatic carcinon	na of lungs	3 months
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause D  stating underlying cause last	(b) Carcinoma of breadure to	asts-bilateral.	2 years
stating underlying cause last	(e)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, street, office bldg., etc.,

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY While at Not while work

at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that death resulted from: Natural causes X, Accident [], Suicide [], Homicide [],

DATE THERE

21f. HOW DID INJURY OCCUR?

21c. (City or town)

NAME OF CEMETERY OR CREMATORY

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINE ASSISTANT MEDICAL EXAM. LOCATION (City, town, or county)

(County)

DATE SIGNED

Undetermined cause

20. AUTOPSY? Yes No M

(State)

25. BURIAL, CREMATION, REMOVAL (Specify); Buried DATE REC'D BY LOCAL

SIGNATURE

John Wasley Cemetery

mary a. Stewar

M

# CERTIFICATE OF DEATH

STANDARD OF S					olmoth
	words.		es Ebt.	- Santa	rist.
	Pertur 111		3.5	in a bit III jel	101- Jan 18-1
				•	TIA TOTAL
				2/1	TALL STATE
	44	25-14	Page .		-T1984-F23

Act with Labor to

BUREAU V. S.

9961 81 TM.

best no Phila, Haleriana

hardward produktion on reached a first will

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

pulse	0	4	8
1	1	- 3	30
6	6.00	- 11	( )

#### CERTIFICATE OF DEATH

3.32

1. PLACE OF DEATH:  COUNTY WICOMICO  MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  OR and give nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS PONINGULA GENERAL HOSPITAL  S. NAME OF (First) (Middle)  DECEASED:  (Type or Print) FMMA  TOWN  SINGLE, MARRIED.  S. DATE OF BIRTH:  P. AGE:  WIDOWED, DIVORCED.  (Specify):  WIS USUAL RESIDENCE (HOME) OF DECEASED:  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  TOWN  OR
CITY (If outside corporate limits, write RURAL and give nearest to OR and give nearest town)  TOWN SALISDERY  HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINBULA GENERAL HOSPITAL  S. NAME OF (Pirst) (Middle) (Last)  DECEASED:  (Type or Print) FM MA  S. SEX: [6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED.]  S. DATE OF BIRTH:  WIDOWED, DIVORCED.  CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN VENTUAL BURKS (III)
CITY (If outside corporate limits, write RURAL and give nearest to OR and give nearest town)  TOWN SALISDERY  HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINBULA GENERAL HOSPITAL  S. NAME OF (Pirst) (Middle) (Last)  DECEASED:  (Type or Print) FM MA  S. SEX: [6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED.]  S. DATE OF BIRTH:  WIDOWED, DIVORCED.  CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN VENTUAL BURKS (III)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PENINGULA GENERAL HOSPITAL  S. NAME OF (First) (Middle) (Last)  DECEASED: (Type or Print) FMMA  S. SEX: 6. COLOR OR 7. SINGLE, MARRIED. (Middle) (Sex)  WIDOWED, DIVORCED. (Sex)  WIDOWED, DIVORCED. (Sex)  Months Days Hours   Middle) (Sex)  Months Days Hours   Middle) (Sex)  Months Days Hours   Middle) (Sex)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PENINGULA GENERAL TOSPITAL  3. NAME OF (First) (Middle) (Last)  DECEASED: (Type or Print) FMMA  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. (SINGLE, MARRIED. WIDOWED, DIVORCED.)  WIDOWED, DIVORCED. (SINGLE MARRIED. WIDOWED, DIVORCED.)  MONTHS Days Hours   Middle   Middle   Months   Months   Days   Hours   Middle   Months   Days   Months   Days   Months   Days   Months   Days   Months   Days   Months   Middle   Midd
S. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Day) (Year)  DECEASED: (Type or Print) FMMA  S. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   17 UNDER 1 YEAR   17 UNDER 2 H    Months   Days   Hours   Middle   18   18   18   18   18   18   18   1
DECEASED: (Type or Print) FMMA  VODL CORd:  OF DEATH: July 26 1955  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE   DF BIRTH: RACE:   WIDOWED, DIVORCED.   9. AGE last birthday   If Under 1 YEAR   If Under 2 Hill   Months   Days   Hours   Minches   Months   Days   Hours   Minches   Minche
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday   IF UNDER 24 HI   Months   Days   Hours   Million   Millio
RACE: WIDOWED, DIVORCED, Months Days Hours Mi
OA ISSUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS) M BURTHPLACE (State or foreign country): 112 CITIZEN OF WE
work done staring most of working life. OR INDUSTRY:
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
Thomas Winder Josephine anderson
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY NO.   AF. INFORMANT & ADDRESS:
(Yea, no, or unk.) (If Yes, give war or dates of service)
The solition for the form
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Austolia Coma 16 hrs
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY. (B) Material Psychonephritis
STATING UNDERLYING CAUSE LAST.  CO DEALY Arterior elevotion PV Descare
(C) Desert Arteriorduster 1-V Deseace
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS
YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.   21c. WHERE DID (City or town) (County) (State) (IF EITHER, NOTIFY MEDICAL EXAMINER)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
OF INJURY While Not while at work at work
22. I hereby certify that I attended the deceased from 7/26, 1955, to 7/26, 1955, that I last saw the deceased
allye on 7/26, 1955, and that death occurred at 2.050M, from the causes and on the date stated above.
SIGNATURE ADDRESS / DATE SIGNED
Helliam Kynan MD Solvehing hid 7/25/35
M.D. Hallusung 19493
23. BURIAL, CREMATION. DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (St
1.100000

Supply every item of information carefully. The MARGIN RESERVED FOR BINDING OR WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE

M

A15 SS. A GLENS

PECELVED V. S. 1955